



TREE REMOVAL APPLICATION

Property Owner Information

Owner: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Applicant Information (if different from above)

Company Name: _____

Representative: _____

Mailing Address: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Property Where Work Will Be Performed

Property Address: _____ Block: _____ Lot: _____

Reason for Tree Removal

Number of Trees to Be Removed

No. of Trees

Species

DPM in Inches

Required Attachments

The following MUST be attached:

- A survey or sketch of the area subject to tree removal and cutting, which shall include a mapped inventory, by size and species, of all protected trees and specimen trees proposed to be removed within the area subject to tree removal and cutting and within a transition area 10 feet from the perimeter thereof.
- A tree replacement plan, as provided in §170-45.
- If the applicant is the owner of the aforementioned property, the applicant must provide proof from the Borough of Rockaway Tax Collector that taxes and assessments have been paid through the current quarter prior to the issuance of this permit.

Fees

Non-Refundable Application Fee \$ _____

Certification

I certify to the Borough of Rockaway that the undersigned has completed this Tree Removal Application Form and all representations stated herein are true and accurate to the best of my knowledge based on my information and belief and I agree to comply with all provisions of Chapter 170, Article V, Tree Conservation and Protection of the Code of the Borough of Rockaway.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

For Office Use Only

Borough Engineer:

Approved Denied _____ Date: _____

Borough Permit No. _____ Issue Date: _____

Distribution List: Applicant, Borough Clerk, Borough Engineer, Building Department, Public Works Department