

TOWNSHIP OF MOUNT OLIVE

TREE REMOVAL APPLICATION

Application must be submitted in triplicate at least two (2) weeks prior to the Planning Board meeting (when Planning Board approval is required), together with six (6) copies of the Tree Removal or Forestry Management Plan. Where Morris County Soil Conservation District and/or NJ Bureau of Forestry (review, approval) is required by the Planning Board or Township Official, no action shall be taken until a favorable report is received.

Date required for Tree Removal Plans:

1. Tax map, lot and block number
2. Area of tract
3. Location of trees or wooded area
4. Number of trees or percent of stocking (trees per acre)
5. Species involved
6. General slope and topography, taken from a recognized map of such features.
7. Location of streams and wetlands
8. Map of locations and surrounding properties showing wooded areas
9. A list of trees to be planted, preferably selected from preferred species
10. Tree Removal Plan and Tree Planting Plan in relation to principal and accessory buildings and septic systems, road and driveways, parking lots, garden areas, etc., showing also the relation to survey stakes.
11. Location of buildings
12. Location of roads, driveways, parking lots, recreation areas and garden areas
13. Grading Plan
14. Schedule for tree removal and planting
15. Provision for removal of excess stumps and branches from the property

Data required for Forestry Management Plan:

Every Forestry Management Plan submitted for approval shall include the following:

1. Tax map, lot and block number
2. Area of tract
3. Location of trees on wooded area
4. Species involved
5. Map showing number of trees to be harvested, location of proposed loading deck, area to be harvested, and streams with crossings.
6. Schedule for tree removal and planting.

TOWNSHIP OF MOUNT OLIVE
TREE REMOVAL APPLICATION

Those signing this application agree to comply with the Township Tree Removal Ordinance regulating the cutting and/or removal of trees.

Applicant Name: _____
 Address: _____
 Telephone Number: _____

Owner of Property: _____
 Address: _____
 Telephone Number: _____

Block(s) _____ Lot(s) _____
 Acreage _____ Zone _____
 Size of area where tree removal will occur _____

Type of Tree Removed	Number to be Removed	Location of Tract Where Tree Will be Removed

Name and address of person preparing Tree Removal or Forestry Management Plan.

Name: _____
 Address: _____
 Telephone: _____
 Signature: _____

Certification of contractor that he will comply with Forestry Management Plan or Tree Removal Plan.

Signature: _____
 Date of Plan: _____
 Applicant or Agent Signature: _____

Owner authorization for tree removal in accordance with submitted plan:

Signature: _____