



BOROUGH OF METUCHEN MIDDLESEX COUNTY

Tel. 732-632-8540 • Fax 732-632-8100 • 500 Main Street • Metuchen, NJ 08840

TREE REMOVAL PERMIT APPLICATION

SUBMIT WITH TREE REMOVAL & REPLACEMENT PLAN

Permit #	_____
Received	_____
Issued	_____
Payment	_____
Amount	_____

1. Location

Street Address _____

Block _____ Lot _____ Zone _____

2. Applicant

Name _____ Phone _____

Street Address _____ Fax _____

City / State _____ Zip _____ Email _____

3. Owner (If other than Applicant)

Name _____ Phone _____

Street Address _____ Fax _____

City / State _____ Zip _____ Email _____

Is the owner the resident of the property? (circle one) YES NO

4. Tree Replacement Schedule

Category	Tree Removed (DBH)	Number to be removed	Hazard YES or NO
1	Less than 12" (street trees); 6" to less than 12" (other trees)		
2	12" to less than 18"		
3	18" to less than 24"		
4	24" to less than 30"		
5	30" to less than 36"		
6	36" or greater		

5. Tree Replacement

Total Removal	Required Replacement Value	Real Replacement Value
_____	_____	_____

Note 1: Residents are entitled to a 50% credit of the total number of required replacement trees.
 Note 2: Calculations that result in a fractional number shall be rounded to the nearest whole number.

6. Required Payment (If Applicable)

Balance of Unplanted Trees _____

Required Payment (\$500 / Tree) _____

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A TREE REMOVAL PERMIT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE PERMIT RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THE PROPERTY SURVEY IS CURRENT.

Name _____ Date _____

Signature _____