# Tree Removal Permit Application
# For Commercial Properties and Major and Minor Subdivisions and Site Plans

*Department of Public Works*
*370 Secaucus Road*
*Secaucus, NJ 07094*
*Phone: (201) 330-2080*

**Please submit completed application via email to the Administrator of Tree Conservation, Frank Sasso, at shadetree@secaucus.net or mail it to the Department of Public Works, Attn: Frank Sasso**

## Applicant and Property Information

### Applicant Information:

First Name: _____ Last Name: _____

Telephone: _____ Email Address: _____

Address: _____

### Property Owner Information: (If different than applicant)

**Please note that if the applicant is not the property owner, written consent of the property owner is required.**

First Name: _____ Last Name: _____

Telephone: _____ Email Address: _____

Address: _____

### Property Information:

Is this application being submitted as part of a site plan or subdivision application? (Select One) ☐ Yes ☐ No
If no, a $50 application fee must be submitted with this application.

Block: _____ Lot: _____ Zone: _____ Property Address: _____

**Please note that pursuant to §109-8 of the Town Code, for major and minor subdivisions and site plans, removal of any tree must be performed by a tree care professional duly licensed under the Tree Expert and Tree Care Operator Licensing Act, N.J.S.A. 45:15C-11 et seq.**

NJ Licensed Tree Service Company: _____

Business Address: _____

Business License (NJTC Number): _____

Telephone: _____ Email Address: _____

*LTE, LTCO or ISA Certified Arborist (CA) Number: _____

*Per NJ Law N.J.S.A 45:15C-11 (2027), all Tree Companies in NJ must employ at least one licensed tree expert.

## Tree Removal Information

Please list below all qualified trees (with a DBH equal to or greater than three inches) that you are applying for to be removed. Please note that qualified trees are subject to the below replacement schedule pursuant to §109-10 of the Town Code. For exemptions from this requirement, please see §109-9 of the Town Code.

**Please select one:**

☐ Applicant will contribute to the Secaucus Tree Fund for tree replacement ($400 per required replacement tree pursuant to the replacement schedule below) in lieu of planting trees on property pursuant to §109-10(C).

☐ Applicant will replace the required number of trees pursuant to §109-10 and the replacement schedule below.

| DBH of Existing Tree Removed | Number of Replacement Trees |
|---|---|
| Between 3 and 12 inches | 1 |
| Between 12.1 and 24 inches | 2 |
| Between 24.1 and 36 inches | 3 |
| Greater than 36 inches | 5 |

| TREE REMOVAL LIST | | | | TREE REPLACEMENT LIST | |
|---|---|---|---|---|---|
| *Species* | *Diameter (3" or Greater)* | *Reason for Removal* | *Qualified Tree (Y/N)* | *Species* | *Diameter (2.5" minimum)* |
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| | | | | | |
| # of Qualified Trees (nonexempt) to be Removed: _____<br>Approx. Removal Date: _____ | | | | # of Replacement Trees to be Planted: _____<br>Approx. Planting Date: _____ | |

I hereby certify that this application, the contents herein, as well as associated documents, is a true representation of all facts concerning the proposed tree removal and related activity. This application is made with my consent as the Property Owner or Authorized Agent for the Property Owner, as evidenced by my signature below. I hereby consent to the Town of Secaucus, their departments, officials, employees, representatives, staff, supervisors and assignees to enter this property for inspections with the submission of this application. For the duration of the tree removal permit, if issued, I understand the legal responsibility and consequences for any and all violations of the Secaucus Municipal Code and State and local laws on the property described above.

Signature: _____ Date: _____

Title: _____

Consent of Property Owner (if applicable): _____ Date: _____

## Application Checklist

☐ Application

☐ Application fee of $50.00 if the application being submitted is not a part of a site plan or subdivision application

☐ Contribution to the Secaucus Tree Fund, if the applicant cannot locate all the required replacement trees on their lot.

☐ Map, plan, or drawing of the property showing the location(s) of the trees(s) to be removed and replaced.

☐ Mark the tree(s) to be removed on the lot with orange or yellow flagging tape

**INTERNAL USE ONLY**

Fee Collected Check # _____ Cash ☐

Approved Date_____ Conditions, if any _____

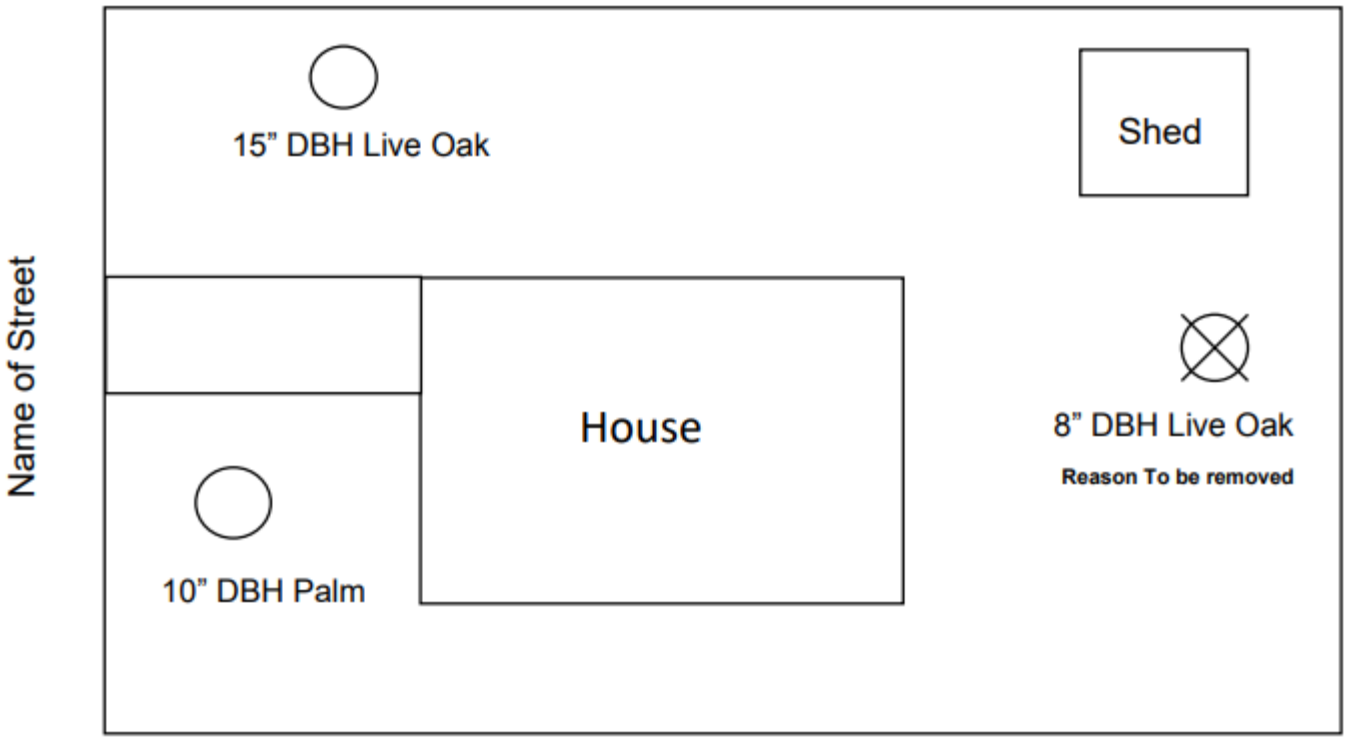
Replacement Tree(s) Required _____ Recommended _____

Denied Date _____ Reason(s) for denial _____

Administrator of Tree Conservation Signature _____Date _____

**Date Received**

## Tree Removal Map

On a separate piece of paper, please provide a sample map of the property with the applicable markings. Please indicate the location of the tree(s) to be removed with an “X,” and indicate replacement tree locations, if applicable, with an “O,” with the applicable species and DBH.

Example Map: