



APPLICATION FEE: \$10.00
REVIEW & INSPECTION FEE: \$25.00

**TOWNSHIP OF JACKSON
TREE REMOVAL PERMIT APPLICATION
Per Jackson Township Ordinance
21-09**

DATE _____ PERMIT NO. _____

BLOCK _____ LOT _____ ZONE _____

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

WORK SITE ADDRESS _____

NEAREST CROSS STREET _____

LOT SIZE (S.F./ ACREAGE) _____

SUBDIVISION _____ SECTION _____

BLOCK AND LOT SHALL BE POSTED ON NEW CONSTRUCTION SITES.

IS THIS PROPERTY LOCATED IN THE PINELANDS? YES _____ NO _____

NUMBER OF TREES TO BE REMOVED _____ SPECIES _____

PURPOSE OF REMOVAL _____

ARE TREES BEING REMOVED FROM RESTRICTED AREAS? (i.e. wetlands, easements, buffers, etc) YES _____ NO _____

TOWNSHIP REGISTERED CONTRACTOR (If Applicable) NAME & ADDRESS _____

I/WE HEREBY MAKE APPLICATION FOR A PERMIT TO REMOVE OR DESTROY TREE (S) AND/OR SHRUB (S) NOW GROWING IN JACKSON TOWNSHIP, AND GIVE CONSENT TO ALL JACKSON TOWNSHIP CODE ENFORCERS, OFFICERS AND TREE SPECIALISTS TO ENTER MY PROPERTY TO MAKE ANY APPROPRIATE INSPECTIONS TO INSURE COMPLIANCE WITH THE JACKSON TOWNSHIP CODE, AND WILL COMPLY WITH THE REVIEW REQUIREMENTS AS STIPULATED BY THE TREE SPECIALIST.

(TREES MUST BE MARKED PRIOR TO SUBMITTING APPLICATION) app. revised 9/14/09, 9/15/09, 10/20/09

OWNER/RESPONSIBLE PERSON (Print) _____ (Signature) _____

ESCROW NO. _____ BILLING NAME & ADDRESS _____

PLEASE DO NOT WRITE BELOW THIS LINE

APPLICATION FEE PAID \$10.00 CASH/CHECK NO. _____ RECEIPT NO. _____

REC'D BY _____ DATE _____

REVIEW FEE PAID: \$25.00 CASH/CHECK NO. _____ RECEIPT NO. _____

REC'D BY _____ DATE _____

TREE ESCROW FEE PAID _____ CASH/CHECK NO. _____ RECEIPT NO. _____

REC'D BY _____ DATE _____

**NO. OF REPLACEMENT TREES _____ OR
REPLACEMENT DOLLAR AMOUNT (to be deposited into the Tree Escrow Fund) \$ _____**

APPROVAL or DENIAL (DATE) _____

COMMENTS _____