



**TOWNSHIP OF JACKSON  
SHADE TREE COMMISSION  
OFFICE OF THE FORESTER  
MUNICIPAL BUILDING  
65 WEST VETERANS HIGHWAY  
JACKSON, NJ 08527**

**INSTRUCTIONS FOR OBTAINING A DEVELOPMENT PERMIT FOR THE  
REMOVAL OR DESTRUCTION OF TREES AND SHRUBS**

In compliance with Township Ordinance Chapter 405, you are required to complete the attached application with the following information.

Please complete and submit the following:

1. Fill in all applicable information and be as precise as possible in the work description.
2. Sign form.
3. Pay application fee.
4. Attach the following, as applicable:
  - a. Tax map of property with location showing cross streets or landmarks.
  - b. One copy of site plan, plot plan, or survey of property.
  - c. For new construction: Detail of area where tree removal is to occur and locate trees on plan, to include existing tree line, proposed tree line, and on certain applications a tree locator number.
  - d. For existing lots: Sketch location of trees to be removed on submitted site plan, plot plan, survey, or hand drawn map.
5. For new construction: Stake, paint, or flag all limits of clearing, including driveway, septic, centerline of roads, accessory structures, etc. and post Block and Lot PRIOR TO SUBMITTING APPLICATION.
6. For existing lots: Stake, paint, or flag all trees to be removed on property.

NOTE: In accordance with Chapter 405-10, the applicant is to install the required existing tree protection fence prior to the issuance of the tree removal permit.

Failure to attach and perform the above information will delay the permit process. Please allow ample time for processing.

The Township Tree Specialist will perform a site visit on your property to observe all trees to be removed. If you feel you would like to be present, please arrange with CME Associates Forester at (732)-462-7400. You do not have to be present for the site visit and appointments may extend the time required for a review. An additional fee of \$25.00 will be required if your application is deemed incomplete, tree protection fence has not been installed, trees have not been marked, or if perhaps you cannot keep your appointment.

Tree replacement and/or fees, as per Chapter 405-9 and 405-11, will be noted on the permit and you will be notified by the Planning and Zoning office when the permit is ready for pickup. Tree removal work may be started only after the fee is paid and/or the tree replacement agreement form is signed by the applicant and the permit has been returned to the applicant. The permit is valid for 12 months from the issue date and only for the trees indicated on the application. Thank You for your cooperation.

Ronald Dollman, CTE 473  
Jackson Township Tree Specialist 732-462-7400 office 732-409-0756 fax



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

**TOWNSHIP OF JACKSON  
TREE REMOVAL PERMIT APPLICATION  
Per Chapter 405 by 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**

APP. FEE PAID \$10.00 CASH/CHECK NO. \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ REC'D BY \_\_\_\_\_ DATE \_\_\_\_\_

RE-SUBMIT FEE \_\_\_\_\_ CASH/CHECK NO. \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ REC'D BY \_\_\_\_\_ DATE \_\_\_\_\_

REVIEW FEE PAID \$25.00 CASH/CHECK NO. \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ REC'D BY \_\_\_\_\_ DATE \_\_\_\_\_

RE-SUBMIT FEE \_\_\_\_\_ 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 \_\_\_\_\_