

TOWNSHIP OF CLINTON

ZONING

Zoning Office
1225 Route 31 S, Bldg D, Ste 411
Lebanon, New Jersey 08833



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TREE REMOVAL PERMIT APPLICATION FORM

Date: _____ Block: _____ Lot(s): _____

Property Address: _____

Property Owner Name(s): _____

Telephone No.: (____) _____ Email Address: _____

PROPOSED REMOVAL:

Trees to be Removed (#): _____ Sizes: (DBH): _____

PROPOSED REPLACEMENT:

Tree Replacement (#): [] _____ Tree Replacement Fee: [] \$ _____

Required Information (Per Ordinance):

- Property Sketch /Aerial Image/Photos of Trees to be Removed
- Letter from an Arborist Confirming Diseased Tree Removal
- Tree Removal Application Fee
- Tree Replacement Schedule or Tree Replacement Fee

All Payments made must be exact cash or a check made out to Clinton Township

OFFICIAL USE:

Application Fee: \$ _____ Date Paid: _____

Permit Approved: [] Date: _____

Permit Denied: []