Township of Verona
Tree Removal Permit Application
For Residential Properties

Property Information (Location of Tree Removal)

Block No: _____ Lot No: _____ Lot Area: _____ Sq.Ft. Zone District: _____

Street Address: _____

Tree Removal Company (Copy of Tree Removal Companies Insurance Policy Required)

Company Name: _____

Street Address: _____ Town:_____ State: _____ Zip: _____

Contact Information: Phone No. _____Email: _____

Property Owner Information

Name of Owner: _____

Street Address: _____ Town:_____ State: _____ Zip: _____

Contact Information: Phone No. _____Email: _____

Removal of Live, Healthy Trees – Six (6) inches in diameter or greater

Number of live trees requested for removal _____ (Maximum of two (2) live, healthy trees per year)

Tree No. 1: Species _____ Diameter: _____

Tree No. 2: Species _____ Diameter: _____

Removal of Dead, Diseased, Damaged Trees – Six (6) inches in diameter or greater

Number of Dead, Diseased, Damaged or Dangerous Trees requested for removal _____

Tree No. 1: Species _____ Diameter: _____ Reason for Removal: _____

Tree No. 2: Species _____ Diameter: _____ Reason for Removal: _____

Tree No. 3: Species _____ Diameter: _____ Reason for Removal: _____

Tree No. 4: Species _____ Diameter: _____ Reason for Removal: _____

Removal of Live, Healthy Trees (Fees and Mitigation)

Application Fee $50.00 (Non Refundable)
Mitigation Fee(s) $400.00 per tree (See Chart)

If a resident seeks removal of a live, healthy tree they have one of two choices.

- They can either replant the number of trees required based on the size of the tree(s) removed (See Chart) and pay the mitigation fee per tree for one year, which will be held by the Township as a bond for one year. After one year of the tree(s) being replanted and thriving the "Mitigation Fees" shall be returned to the resident. OR;
- They can pay a fee to the Townships Tree Replacement Fund. (Non Refundable) based on the size of the tree(s) removed (See Chart) and choose to not replant any trees.

Applications which involve a dead, diseased or damaged tree and are verified by a licensed tree expert do not require any fees. The application fee and all mitigation fees are waived. A letter from a licensed tree expert in good standing by the State of NJ Board of Tree Experts <u>MUST</u> be submitted at the time of the application.

Tree Mitigation Chart

Tree to be removed (diameter)	Equivalent No. Trees	Fees calculated (Application : Mitigation)
6 inches to 15 inches	1 Replacement Tree	$50.00 + $400.00 ($400.00 x 1)
16 inches to 23 inches	2 Replacement Trees	$50.00 + $800.00 ($400.00 x 2)
24 inches and greater	4 Replacement Trees	$50.00 + $1,600.00 ($400.00 4)

Note: Trees in excess of 36 inches in diameter are considered to be extraordinary trees and shall require approval by the zoning official and the Mayor and Council prior to removal.

Please submit two separate checks payable to the Township of Verona. One for the application Fee and the other for the mitigation fee (Tree Replacement Fund) and or bond for one year.

Mitigation Method

I _____ print name _____ (owner), understand that I have chosen to seek the removal of _____ (No.) of

live, healthy trees as described within the Township of Verona's Tree Removal and Protection Ordinance, I

understand that removal of a live, healthy tree requires a mitigation choice. I hereby choose to:

☐ Not replant and will submit the fees as outlined and understand that said fees are non-refundable.

☐ Replant the required number of trees as outlined and understand that said fees shall be held by the Township for a period of one year. It is the responsibility of the homeowner to notify the zoning official at the time of replanting and again for the one year re-inspection for the return of the cash bond.

_____ _____
Signature of Owner – Applicant   Date:

Tree Removal Permit No:
2024 - _____

For Office Use Only
Approved by: _____ Date _____
Denied by: _____ Date _____
Reason for Denial: _____
_____
_____
_____
_____

For Office Use Only
Fees Collected:
Application Fee: $_____ Check No. _____
Mitigation Fee: $_____ Check No. _____
Date of Replanting: _____
Date of Re-Inspection: _____