



**TOWNSHIP OF HARDING  
SHADE TREE  
APPLICATION FOR TREE REMOVAL**

21 Blue Mill Road, P.O. Box 666  
New Vernon, New Jersey 07976  
(973) 267-8000 Ext. 723

**SITE INFORMATION:**

Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Property Address: \_\_\_\_\_

**BLOCK:** \_\_\_\_\_ **LOT:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Property Owner: \_\_\_\_\_

**PROJECT INFORMATION:**

Licensed Tree Contractor Name: \_\_\_\_\_  
License Tree Expert #: \_\_\_\_\_  
Reason for removal: \_\_\_\_\_

Phone: \_\_\_\_\_  
Tree Care Operation#: \_\_\_\_\_  
Number of trees to be removed: \_\_\_\_\_

Identify as accurately as possible location (s) of tree (s) for which permit is sought, (position of tree in relation to structure), species (oak, etc.) Approximate height, diameter or circumference. Please provide a copy of a property survey so a clear answer of tree ownership can be determined. Please draw a diagram of the property and note the area where the trees are being requested for removal.

\*PLEASE MARK THE TREES ON THE PROPERTY FOR THE TREE OFFICER IN ANTICIPATION OF THE INSPECTION.\*

THE TREE CONSERVATION AREA IS DEFINED AS FOLLOWS: ZONES R-1/R-R, 50' from road, 25' sides & rear.  
ZONES R-2/R-3 & R/4 ½ minimum of required front, side & rear setbacks.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONSE: OFFICE USE ONLY	
Date Inspected:	Number of trees:
Permission: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Remediation required: <input type="checkbox"/> Yes <input type="checkbox"/> No

**SPECIFICS OF REMEDIATION:**

**SUGGESTED ADDITIONAL REMEDIATION:**

Shade Tree Advisory: \_\_\_\_\_ Date: \_\_\_\_\_