

**CITY OF CAPE MAY
SHADE TREE COMMISSION
APPLICATION FOR TREE REMOVAL PERMIT**

643 WASHINGTON STREET, CAPE MAY, NJ 08204
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Property Owner Information

Name: _____

Phone #: _____

Email: _____

Property Address: _____

Mailing Address: _____

Number of Trees: _____ Type: _____ (SEE PG 2 FOR ADDTL TREES)

Location: _____ **PHOTOS OF TREE REQUIRED** _____

Reason for Removal: _____

OFFICE USE ONLY

DATE RECEIVED: _____

APPLICATION #: _____

APP FEE PD: _____

CASH/CHECK# _____

NO. OF TREES _____

OFFICE USE ONLY

DATE ISSUED : _____

TOTAL PERMIT FEE: _____

CASH/CHECK# _____

NO. OF TREES _____

PERMIT NO. _____

REPLANT BY DATE: _____

APPLICANT PLEASE NOTE: THERE IS A 45 DAY TURNAROUND FROM SUBMISSION OF APPLICATION TO APPROVAL/DENIAL. BARRING ANY APPEALS.

THERE IS A **NON-REFUNDABLE \$75.00 TREE REMOVAL PERMIT APPLICATION FEE** DUE WHEN SUBMITTING THE INITIAL APPLICATION.

IF APPROVED THERE IS A \$75.00 **PERMIT FEE** PER TREE DUE WHEN PERMIT IS ISSUED.

IF APPROVED THERE IS A REQUIREMENT TO PLANT 2 REPLACEMENT TREES FOR EACH TREE REMOVED. REPLACEMENT TREE MUST BE PLANTED WITHIN 1 YR OF PERMIT DATE.

Landscaper/Contractor Information: (MUST BE COMPLETED)

Name: _____ **Lic.#:** _____

Address: _____

Phone/Cell: _____ **E mail:** _____

Below Section for Commissioner Comments only: Approved _____ Denied _____

Commissioner Sign & Date _____

