

# **BOROUGH OF CALDWELL**

Submit this application along with a \$25.00 processing fee to the:

**BOROUGH OF CALDWELL  
1 PROVOST SQUARE  
CALDWELL, NJ 07006**

## **MARKING TREES FOR REMOVAL**

You will be furnished with ribbon to mark the trees you wish to remove. The ribbon must be placed around the trunk of each tree to be removed at a height of four and one-half (4 ½) feet, three (3) feet for ornamental trees, above the ground. This will facilitate inspection in the field by the Enforcement Officer.

## **APPLICATION PROCESSING AND APPEAL**

The Enforcement Officer will, in most cases, rule on your application within fifteen (15) business days. Every effort will be made to process applications as quickly as possible.

Any person aggrieved by the decision of the Enforcement Officer has the right to appeal to the Caldwell Planning Board. This action must be filed within ten (10) days of the issuance of the decision. This appeal will be processed in accordance with the established rules of application for the Planning Board.

## **TREE MITIGATION PLAN**

Under certain circumstances, as defined in the ordinance, you may be required to plant replacement trees at other locations on your property or elsewhere within the Borough to replace those trees being removed.

After reviewing your application, the Enforcement Officer will advise you if a Tree Mitigation Plan is required. If called for, you will be provided with additional information to meet this obligation.

# BOROUGH OF CALDWELL TREE REMOVAL PLAN

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Phone #: \_\_\_\_\_

## DIRECTIONS:

1.  Provide diagram showing the location of all existing and proposed structures on the property, including driveways and walkways.
2.  Show location of tree(s) to be removed and indicate the distance from any structures or property line.
3.  Show location of other trees within the drip line of trees to be removed. (the drip line is the area where the outer tips of the branches of the tree(s) you want to remove overhang the ground.
4.  On the attached sheet, list the species of tree, diameter and reason for removal.
5.  If removing dead/diseased or infected trees, complete certification below.

A reproduction of the tax map or an existing survey showing the above information is acceptable.

### Certification

This is to certify that, in my Professional judgment, the trees located and identified on the attached sheet are dead, diseased or infected beyond restoration. Removal is appropriate and justified.

_____ Signature	_____ Printed Name
_____ Company	_____ Phone #

**FAILURE TO SUPPLY THE INFORMATION REQUESTED WILL  
DELAY THE PROCESSING OF YOUR APPLICATION.**

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

**By signing this application, you are hereby granting permission for the Tree Committee to enter your property.**

TREE REMOVAL PLAN  
SPECIFIC DETAILS WORKSHEET

TREE NUMBER FROM DIAGRAM	SPIECES OF TREE	DIAMETER OF TREE	REASON FOR REMOVAL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
14			
15			

ATTACH ADDITIONAL SHEETS IF NEEDED