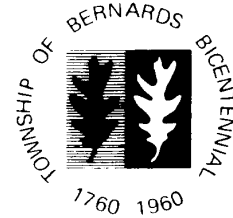


FOR ADMINISTRATIVE USE ONLY

PERMIT # GCP-_____ Block _____ Lot _____
Date Received _____
Land Disturbance Fee (\$250) ☐ n/a ☐ paid ☐ check # _____
Building Permit (if applicable) # _____
Date Sent to Tree Protection Committee _____
☐ Approved _____ ☐ Denied _____
Signed: _____

TOWNSHIP OF BERNARDS
TREE REMOVAL / LAND DISTURBANCE
PERMIT APPLICATION



LOCATION OF TREE REMOVAL / WORK SITE

Block _____ Lot _____ Address _____
Property Owner _____ Phone # _____ E-Mail _____

IF APPLICANT IS OTHER THAN PROPERTY OWNER

Applicant's Name _____ Phone # _____
Address _____ E-Mail _____

PERSON PERFORMING WORK

Company or Individual _____ Phone # _____
Address _____ E-Mail _____

TYPE OF WORK (CHECK ALL THAT APPLY)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Tree Removal | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Changes in Grade | <input type="checkbox"/> Other |
| <input type="checkbox"/> Septic Alterations | <input type="checkbox"/> _____ |

*** MARK TREE(S) TO BE REMOVED WITH A RED "X" ON SITE PRIOR TO REMOVAL ***

SUBMIT DIAGRAM SHOWING THE FOLLOWING:

- Scale
- Location of proposed trees(s) to be removed (identified by number with corresponding species and reason for removal)
- Location of trees near building and driveway
- Dimensions and distance from lot lines
- Location of building foundations
- Access driveways
- Lawns and other special use areas
- Proposed changes in grade and total land disturbance in square feet (if applicable) ^{1,2}

¹ As per Township Ordinance #1853, soil erosion and sediment control measures shall be implemented if land disturbance exceeds 2,500 square feet. A \$250 Land Disturbance Review Fee will also be required.

² Should the proposed land disturbance for this permit exceed a total of 5,000 square feet, the soil erosion and sediment control plans shall be submitted to the Somerset-Union Soil Conservation District for certification and approval. For application to the Township, include plans stamped/signed by the District and a copy of the District's certification letter for permit approval, or a copy of the District's approved Request for Determination of Non-Applicability.

Bernards Township Conditions: _____

Applicant's Signature: _____ Date: _____