



TOWNSHIP OF WEST ORANGE
Department of Public Works - Shade Tree Division
25 Lakeside Avenue
West Orange, NJ 07052
Phone/Fax: (973) 325-4169
westorange.org

PERMIT #: _____
DATE ISSD: _____
FEE: _____

TREE REMOVAL and REPLACEMENT PERMIT APPLICATION

PROPERTY ADDRESS: _____ DATE: _____

Property Owner Information:

Name: _____

Phone: _____

E-mail: _____

Mailing address if other than above:

Applicant Information (if not the owner or tree contractor):

Name: _____

Phone: _____

E-mail: _____

Relationship: _____

ALL TREES MUST BE MARKED FOR INSPECTION

Location of tree(s):

____ This tree(s) removal is part of a project or application involving the West Orange Zoning or Planning Board.

**** If checked for yes, the Tree Removal Checklist must be completed and replanting plan guide adhered to. ****

Number of trees: _____ Species: _____ Diameter of each: _____

Reason for removal: _____

____ I would like to meet with the Forester when he comes out. (*Our office will contact you to set an appointment.*)

For office use only:

Number of trees approved for removal:

Non-viable Viable_

Number of trees to be replaced: _____

Permit: ___ Approved ___ Denied

Signature of Forester: _____ Date: _____

Tree removal contractor info:

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Kindly complete and return to forester@westorange.org or submit via fax or street address above.

This application is made with reference to comply with TOWNSHIP ORDINANCE 28-1-11. ALL

REPLANTING REQUIREMENTS MUST BE STRICTLY ADHERED TO. Initial: _____

****ALL FORMS, INFO AND A COPY OF TWSP ORDINANCE: <https://westorange.org/2107/Forestry-Division> ****