

# **EXHIBIT C**



**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](http://westorange.org)

PERMIT #: \_\_\_\_\_  
DATE ISSD: \_\_\_\_\_  
FEE: \_\_\_\_\_

**TREE REMOVAL and REPLACEMENT PERMIT APPLICATION**

PROPERTY ADDRESS: 111 Prospect Avenue DATE: 3/14/2026

**Property Owner Information:**

Name: Orange Prospect LLC  
Phone: 973-575-5200  
E-mail: eric@arcoroot.com

Mailing address if other than above:

15 Fairfield Place  
West Caldwell, NJ 07006  
(address for mailing)

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

Name: Applicant is Owner  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**ALL TREES MUST BE MARKED FOR INSPECTION**

Location of tree(s):

See Tree Removal Plan (TR-3)

☒ 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: 5 Species: Conifers and Deciduous Diameter of each: 6" to 12"  
(Parking)

Reason for removal: Site improvements in connection with proposed site plan application  
(filed)

☒ 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: To be provided

CONTRACTOR: by owner/applicant

ADDRESS: Post-Planning Board

PHONE: approval

E-MAIL: \_\_\_\_\_

**Kindly complete and return to [forester@westorange.org](mailto: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: WJ**

**\*\* ALL FORMS, INFO AND A COPY OF TWSP ORDINANCE: [https://westorange.org/2107/Forestry\\_Division](https://westorange.org/2107/Forestry_Division) \*\***

# CHECKLIST FOR TREE REMOVAL CONSTRUCTION APPLICATIONS/PROJECTS

- ☒ Submit Tree Removal Application; *enclosed*
- ☐ Provide a Letter from a Licensed Tree Expert (LTE) stating why the tree(s) need to be removed along with their approval of the replacement plan.  
*to be provided with planning Board approval*
- ☒ Tree Removal Plan; *enclosed*
- ☒ Tree Protection Plan (for trees that are remaining); *enclosed*
- ☒ Tree Replacement Plan in accordance with the Township Ordinance; *enclosed*
- ☐ Soil Erosion Plan/Permit approved by the Hudson Essex Passaic Soil Conservation District (HEP SCD);  
*to be provided with planning Board approval*
- ☒ \$1,000.00 Fee for the Permit (Check made payable to the Township of West Orange); *enclosed*
- ☐ Installation of Silt Fence and Tree Protection Fence (snow fence not permitted) needs to be inspected prior to the commencement of tree removal and must remain in place throughout duration of the project;  
*will comply/ add to plan*
- ☐ Must use a Licensed Tree Contractor who is registered with the Township (List of Registered Contractors found on our website) All non-registered contractors will be required to register with the Township prior to the approval of the permit.  
*will comply/ provide Name Of Licensed/registered Tree Contractor*
- \*Forester must be on site while tree removal is taking place. Must give  $\sqrt{2}$  weeks' notice prior to the start of tree removal.  
*will comply*