



TOWNSHIP OF WEST ORANGE

Department of Public Works
Shade Tree Division
25 Lakeside Avenue
West Orange, NJ 07052
Phone/Fax: (973) 325-4169

PERMIT #: _____

DATE ISSD: _____

FEE: _____

TREE REMOVAL PERMIT APPLICATION

PROPERTY ADDRESS: 27 Fairway Drive, West Orange DATE: 06-11-2026

Property Owner Information:

Name: Nikan & Michael Sandels

Phone: 818-261-3444

E-mail: rdeshpande@weichert.com

Address if different than property address:

Applicant Information (if not the owner):

Name: Catalyst Development, LLC

Phone: 347-735-97779

E-mail: konrad@catdg.com, igorv@catdg.com

Relationship: Contract Purchaser

ALL TREES MUST BE MARKED FOR INSPECTION

Location of tree(s): Front, Side, & Rear of Property



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



This tree(s) removal is part of a larger project requiring a Building Permit.

Number of trees: 37 Species: Deciduous & Evergreen Diameter of each: Varies

Reason for removal: Proposed Major Subdivision & Construction of two new dwellings



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: Ticos Tree Services

ADDRESS: 421 Main Street, West Orange, NJ, 07052

PHONE: 973-652-6894

E-MAIL: _____

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

PER TOWNSHIP ORDINANCE ALL REPLANTING REQUIREMENTS MUST BE STRICTLY ADHERED TO.