



Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300 x139 FAX: (908) 526-7479

www.branchburg.nj.us

OFFICE OF THE ZONING OFFICER

PERMIT FOR TREE REMOVAL

Date: _____

Block: _____ Lot: _____

Address of Tree Removal: _____

Property Owner: _____

Property Owner's Address: _____

Telephone Number: _____

Contractors Name: _____

Contractors Address: _____

Contractors Telephone Number: _____

Purpose of Tree Removal: _____

Number of Trees to be Removed that are 6" in diameter or greater: _____

Circumference of Each Tree to be Removed: _____

Proposed number of New Trees: _____

Date of Completion of Planting: _____

(Maximum 2 planting seasons)

Fee: \$25.00 _____

Property Owners Signature: _____

Two copies of the Property Plot Plan showing the location of the trees to be removed and indicating where the replacement trees will be located must be provided.

For Office Use Only

Date of review: _____

Approved: Yes No _____

Thomas Leach
Municipal Land Use Officer

c: file