TOWNSHIP OF MOUNT OLIVE

TREE REMOVAL APPLICATION

Application must be submitted in triplicate at least two (2) weeks prior to the Planning Board meeting (when Planning Board approval is required), together with six (6) copies of the Tree Removal or Forestry Management Plan. Where Morris County Soil Conservation District and/or NJ Bureau of Forestry (review, approval) is required by the Planning Board or Township Official, no action shall be taken until a favorable report is received.

Date required for Tree Removal Plans:
1. Tax map, lot and block number
2. Area of tract
3. Location of trees or wooded area
4. Number of trees or percent of stocking (trees per acre)
5. Species involved
6. General slope and topography, taken from a recognized map of such features.
7. Location of streams and wetlands
8. Map of locations and surrounding properties showing wooded areas
9. A list of trees to be planted, preferably selected from preferred species
10. Tree Removal Plan and Tree Planting Plan in relation to principal and accessory buildings and septic systems, road and driveways, parking lots, garden areas, etc., showing also the relation to survey stakes.
11. Location of buildings
12. Location of roads, driveways, parking lots, recreation areas and garden areas
13. Grading Plan
14. Schedule for tree removal and planting
15. Provision for removal of excess stumps and branches from the property

Data required for Forestry Management Plan:
Every Forestry Management Plan submitted for approval shall include the following:

1. Tax map, lot and block number
2. Area of tract
3. Location of trees on wooded area
4. Species involved
5. Map showing number of trees to be harvested, location of proposed loading deck, area to be harvested, and streams with crossings.
TOWNSHIP OF MOUNT OLIVE
TREE REMOVAL APPLICATION

Those signing this application agree to comply with the Township Tree Removal Ordinance regulating the cutting and/or removal of trees.

Applicant Name: ____________________________
Address: __________________________________
Telephone Number: _________________________

Owner of Property: __________________________
Address: __________________________________
Telephone Number: _________________________

Block(s) ______________ Lot(s) ______________
Size of area where tree removal will occur ____________________________________________

<table>
<thead>
<tr>
<th>Type of Tree Removed</th>
<th>Number to be Removed</th>
<th>Location of Tract Where Tree Will be Removed</th>
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Name and address of person preparing Tree Removal or Forestry Management Plan.
Name: ____________________________
Address: __________________________________
Telephone: ____________________________
Signature: __________________________

Certification of contractor that he will comply with Forestry Management Plan or Tree Removal Plan.
Signature: __________________________
Date of Plan: ________________________
Applicant or Agent Signature: _________________________

Owner authorization for tree removal in accordance with submitted plan:
Signature: __________________________