



TOWNSHIP OF WYCKOFF
TREE PERMIT APPLICATION

Property Address: _____ Block: _____ Lot: _____

Applicant Name: _____ Contact: _____

Address: _____

Phone #: _____ Email: _____

Owner Name: _____ Contact: _____

Address: _____

Phone #: _____ Email: _____

Registered Tree Contractor Information

Company Name: _____ Wyckoff Registration #: _____

Qualified Trees: A property survey, sketch or site plan with each tree location marked with an “X” is required. If preparing a sketch, also include the street, house and driveway in relation to the tree(s).

Species	Diameter at Breast Height (DBH)	Reason for Removal	Location on Property

Number of Qualified Trees* _____

*Subject to Verification by Township Inspector

Minus Number of Hazard Trees _____

NUMBER OF QUALIFIED TREES TO BE REMOVED _____ X \$50 = _____ PERMIT FEE
EACH QUALIFIED TREE SHALL BE MARKED WITH A 1” WIDE RED, YELLOW, OR BLUE RIBBON AT 4-1/2’ HIGH.

One tree per each Qualified Tree that is removed must be replaced; however, no more than one (1) tree per 5,000 sq. feet of unimproved lot coverage and as verified by authorized Township personnel shall be replanted per permit issued. All replacement trees must be planted within one year of tree removal. Replacement trees shall be planted in the next planting season – after September 1 or before June 1.

Replacement deciduous trees shall have a DBH (diameter at breast height) of not less than a two-inch caliper.
Replacement coniferous trees shall have a height of at least 5 feet.

Number of trees which require replacement _____

Are you going to replace all the removed trees? YES ____ NO ____

Fee in lieu of replacement _____ x \$500 = _____ REPLACEMENT FEE

PROPERTY OWNER’S ACKNOWLEDGEMENT OF REPLACEMENT POLICY:

Signature of Property Owner _____ Printed Name _____ Date _____

For Office Use Only

Approved by _____ Date _____ PERMIT #: _____

Special Conditions:

Payment Information: Check # _____ Date _____ Amount _____