

TOWNSHIP OF WYCKOFF TREE PERMIT APPLICATION

R				
1926 #	Applicant Name:		Contact:	
	Address:			
	Phone #:	_	Email:	
	Owner Name:			
	Address: Phone #:			
Registered Tree Con Company Name:		Wyckoff	Registration #·	
Joinpany Name:		wyckom		
Qualified Trace: A pr	operty survey, sketch or site plai	a with each tree least	ion marked with a	n "V" in required. If propering a
	the street, house and driveway in			ir A is required. Ir preparing a
Species	Diameter at Breast H	eight (DBH) Reasoi	n for Removal	Location on Property
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	· · · · · · · · · · · · · · · · · · ·	*Subject to Ver	ification by Towns	hip Inspector
Minus Number of Ha:	zard Trees QUALIFIED TREES TO BE REMO	VED	_X \$50 =	PERMIT FEE
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Payment Information: Check #_____ Date _____ Amount ___



TREE REMOVAL APPLICATION MAP

of trees _____

ADDRESS:	Block	: Lot:
Owner's Name:		

(Sketch should include house, driveway and location of trees to be removed.)