



**BOROUGH OF PARK RIDGE
 CONSTRUCTION OFFICE
 55 Park Avenue
 Park Ridge, NJ 07656
 Tel: 201-391-5224
 Fax: 201-391-7130**

TREE REMOVAL PERMIT

Zone: _____ **Block:** _____ **Lot:** _____ **Corner/Interior Lot:** _____ **Date** _____

Work Site Location _____

Owners Name _____

Tel. No. _____ **E-Mail** _____

How Many Trees to be Removed _____

Reason for Removal _____

Description of Work _____

Applicant's Signature _____ **Date** _____

***This application must be accompanied by a site plan or survey showing the location of the trees proposed to be cut.**

***Applicant will clearly mark proposed trees to be cut.**

FOR OFFICE USE ONLY:

Fee: \$ _____ **Cash/Check #:** _____

Approved () Denied () Reason _____

Zoning Officer's Signature _____ **Date** _____

FEE: \$25