



**Borough of Waldwick**  
**Tree Removal & Replacement Application**  
**Please Refer to Ordinance # 2024-27**

Zoning Department  
63 Franklin Turnpike  
Waldwick, New Jersey 07463  
Phone: 201-652-5300 ext. 232  
Fax: 201-652-5483

**Property Information Location of Tree Removal**

Block No: \_\_\_\_\_ Lot No: \_\_\_\_\_ Lot Area: \_\_\_\_\_ Sq. Ft. Zone District: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Tree Removal Company (Copy of Tree Removal Companies Insurance Policy Required)**

Company Name: \_\_\_\_\_ NJLTCO License #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Information**

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Removal of Live, **Qualified Trees** – Defined as: Any deciduous tree on any land within the Borough with a diameter measured at breast height (DBH) of eight inches or greater or any coniferous tree with a height of 20 feet or greater.

Number of live trees requested for removal: \_\_\_\_\_

Tree No. 1: Species: \_\_\_\_\_ DBH: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_ Location: \_\_\_\_\_

Tree No. 2: Species: \_\_\_\_\_ DBH: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_ Location: \_\_\_\_\_

Tree No. 3: Species: \_\_\_\_\_ DBH: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_ Location: \_\_\_\_\_

Tree No. 4: Species: \_\_\_\_\_ DBH: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_ Location: \_\_\_\_\_

**Removal Dead, Diseased, Damaged Trees – Eight (8) inches in diameter or greater**

Number of Dead, Diseased, Damaged, Invasive, or Hazardous Trees requested for removal: \_\_\_\_\_

Tree No. 1: Species: \_\_\_\_\_ DBH: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_ Location: \_\_\_\_\_

Tree No. 2: Species: \_\_\_\_\_ DBH: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_ Location: \_\_\_\_\_

Tree No. 3: Species: \_\_\_\_\_ DBH: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_ Location: \_\_\_\_\_

Tree No. 4: Species: \_\_\_\_\_ DBH: \_\_\_\_\_ Reason for Removal: \_\_\_\_\_ Location: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

Please attach a sketch of the property, preferably on a property survey, depicting the location of the qualified tree on the property (front, rear, or side yard)

**Removal of Live, Trees (Fees and Mitigation)**

Application Fee \$50.00 (Non Refundable) per application

Mitigation Fee(s) \$450.00 per tree

If a resident seeks removal of a live tree they have one of two choices.

- Replant the number of trees based on the Replacement Tree Requirements (Chap. 90-9) within one year of the tree removal. OR;
- Pay a fee to the Borough’s Replacement Tree Fund. (Non Refundable) \$450 fee per tree. Replanting will not be required in this case.

**Removal of Dead, Diseased, Damaged, Invasive or Hazardous Trees**

Applications which involve a dead, diseased, damaged, invasive, or hazardous tree, and are verified by a licensed tree expert do not require any fees. The application fee and all mitigation fees are waived. A letter from a licensed tree expert in good standing by the State of NJ Board of Tree Experts MUST be submitted at the time of the application.

**Mitigation Method**

I \_\_\_\_\_ (Applicant), understand that I have chosen to seek the removal of \_\_\_\_\_ (No.) of live trees as described within the Borough of Waldwick’s Tree Removal and Replacement Ordinance, I understand that removal of a live tree requires a mitigation choice. I hereby choose to:

- Not to replant and will submit the fees for the Borough Tree Program Fund, as outlined and understand that said fees are non refundable.
- Replant the required number of trees as outlined. It is the responsibility of the homeowner to notify the zoning official at the time of replanting. Please attach a plan with the replacement tree’s location on the property.

**\* Payment will be accepted in the form of cash or a check made payable to the Borough of Waldwick.**

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date:

Tree Removal Permit No: 2024\_\_\_\_\_

For Office Use only	
Approved by: _____	Date _____
Denied by: _____	Date _____
Reason for Denial: _____	
_____	

For Office Use only	
Fees Collected:	
Application Fee: \$ _____	Check No. _____
Mitigation Fee: \$ _____	Check No. _____
Date of Replanting: _____	