

FOR ADMINISTRATIVE USE ONLY

PERMIT # GCP- _____ Block _____ Lot _____

Date Received _____

Land Disturbance Fee (\$250) n/a paid check # _____

Building Permit (if applicable) # _____

Date Sent to Tree Protection Committee _____

Approved Denied _____

Signed: _____

TOWNSHIP OF BERNARDS
TREE REMOVAL / LAND DISTURBANCE
PERMIT APPLICATION



LOCATION OF TREE REMOVAL / WORK SITE

Block _____ Lot _____ Address _____

Property Owner _____ Phone # _____ E-Mail _____

IF APPLICANT IS OTHER THAN PROPERTY OWNER

Applicant's Name _____ Phone # _____

Address _____ E-Mail _____

PERSON PERFORMING WORK

Company or Individual _____ Phone # _____

Address _____ E-Mail _____

TYPE OF WORK (CHECK ALL THAT APPLY)

<input type="checkbox"/> Tree Removal	<input type="checkbox"/> Demolition
<input type="checkbox"/> Changes in Grade	<input type="checkbox"/> Other _____
<input type="checkbox"/> Septic Alterations	<input type="checkbox"/> Other _____

*** MARK TREE(S) TO BE REMOVED WITH A RED "X" ON SITE PRIOR TO REMOVAL***

SUBMIT DIAGRAM SHOWING THE FOLLOWING:

- Scale
- Location of proposed trees(s) to be removed (identified by number with corresponding species and reason for removal)
 - Location of trees near building and driveway
 - Dimensions and distance from lot lines
 - Location of building foundations
 - Access driveways
 - Lawns and other special use areas
 - Proposed changes in grade and total land disturbance in square feet (if applicable) ^{1,2}

¹ As per Township Ordinance #1853, soil erosion and sediment control measures shall be implemented if land disturbance exceeds 2,500 square feet. A \$250 Land Disturbance Review Fee will also be required.

² Should the proposed land disturbance for this permit exceed a total of 5,000 square feet, the soil erosion and sediment control plans shall be submitted to the Somerset-Union Soil Conservation District for certification and approval. For application to the Township, include plans stamped/signed by the District and a copy of the District's certification letter for permit approval, or a copy of the District's approved Request for Determination of Non-Applicability.

Applicant's Signature: _____ Date: _____