



BOROUGH OF PARK RIDGE
ZONING OFFICE
55 Park Avenue
Park Ridge, NJ 07656
Tel: 201-391-5673
Fax: 201-391-7130

TREE REMOVAL PERMIT

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

Work Site Address _____

Owners Name _____

Tel. No. _____ E-Mail _____

Contractors 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: \$50

Please follow rules and regulations of Borough code §80-38 to §80-42 for Tree Removal