Township of Verona
Tree Removal Permit Application for Residential Properties

Zoning Department
880 Bloomfield Avenue
Verona, New Jersey
07044
Zoning Office Phone
(973) 857-4773 / (973) 857-4772
Email: dcarpinelli@veronanj.org
kmiesch@veronanj.org

Permit Number #

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: _____

Street Address:_____Town:_____State:_____Zip: _____

Contact Information: Phone No._____Email: _____

Property Owner Information

Name of Owner: _____

Street Address:_____Town:_____State:_____Zip: _____

Contact Information: Phone No._____Email: _____

Removal of Live, Healthy Trees – Six (6) inches in diameter or greater

Number of live trees requested for removal_____(No more than **TWO** healthy mature trees shall be permitted for removal on any property per calendar year unless approved by the Planning Board in accordance with § 493-24.)

Tree No. 1: Species_____Diameter: _____

Tree No. 2: Species_____Diameter: _____

Removal of Dead, Diseased, Damaged Trees – Six (6) inches in diameter or greater

Number of Dead, Diseased, Damaged or Dangerous Trees requested for removal _____

Tree No. 1: Species_____Diameter:_____Reason for Removal: _____

Tree No. 2: Species_____Diameter:_____Reason for Removal: _____

Tree No. 3: Species_____Diameter:_____Reason for Removal: _____

Tree No. 4: Species_____Diameter:_____Reason for Removal: _____

Removal of Live, Healthy Trees (Fees and Mitigation)

Application Fee $50.00 (Non Refundable)
Mitigation Fee(s) $400.00 per tree (See Chart)

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

- **The resident shall pay a mitigation fee per tree, which will be held by the Township as a bond for one year. The resident must replant the required trees, notify the Zoning Official upon replanting, and request a follow-up inspection after one year. If the trees are found to be healthy and thriving at that time, the mitigation fee will be returned. If the trees are not properly maintained or fail to survive, the fee may be forfeited.** OR;
- They can pay a fee to the Townships Tree Replacement Fund. (Non Refundable) based on the size of the size of the tree(s) removed (See Chart) and choose to not replant any trees.

Removal of Dead, Diseased, Damaged Trees

Applications which involve a dead, diseased or damaged 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.

Tree Mitigation Chart

Tree to be removed (diameter)	Equivalent No. Trees	Fees calculated (Application : Mitigation)
6 inches to 15 inches	1 Replacement Tree	$50.00 + $400.00 ($400.00 x 1)
16 inches to 23 inches	2 Replacement Trees	$50.00 + $800.00 ($400.00 x 2)
24 inches and greater	4 Replacement Trees	$50.00 + $1,600.00 ($400.00 4)

Note: Trees in excess of 36 inches in diameter are considered to be extraordinary trees and shall require approval by the zoning official and the Mayor and Council prior to removal.

Please submit **two separate checks** payable to the Township of Verona. One for the application Fee and the other for the mitigation fee (Tree Replacement Fund).

Mitigation Method

I _____ (owner), understand that I have chosen to seek the removal of_____(No.) of

live, healthy trees as described within the Township of Verona's Tree Removal and Protection Ordinance, I

understand that removal of a live, healthy tree requires a mitigation choice. I hereby choose to:

☐ Not replant and will submit the fees as outlined and understand that said fees are non-refundable.

☐ Replant the required number of trees as outlined and understand that said fees shall be held by the Township for a period of one year. **It is the responsibility of the homeowner to notify the zoning official at the time of replanting and again for the one year re-inspection for the return of the money.**

_____ _____

Signature of Owner – Applicant Date:

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: _____

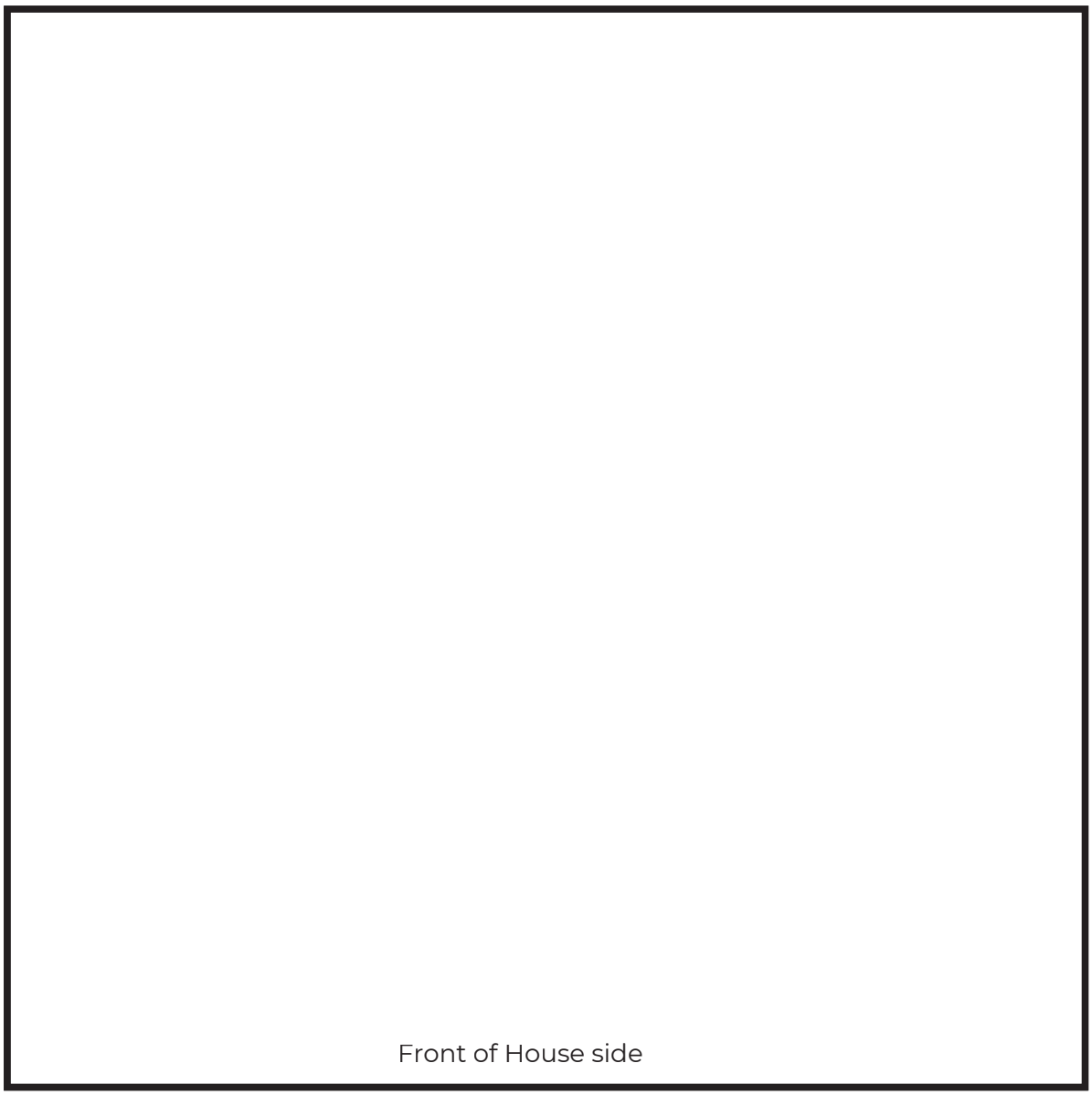
Date of Re-Inspection: _____

TOWNSHIP OF
VERONA

TREE REMOVAL MAP

Please Sketch the trees to be removed

PERMIT NUMBER:	DATE:
CUSTOMER:	PHONE:
ADDRESS:	EMAIL:



Verona Community Center,
880 Bloomfield Avenue,
Verona, New Jersey 07044

973-857-4772
973-857-4773

Kmiesch@veronanj.org
Chofmann@veronanj..org