

Township Committee

Mark Fiorella
Jonathan Keen
Michael Marsh

Township Clerk

Barb Freijomil

TOWNSHIP OF FRANKLIN

COUNTY OF GLOUCESTER

State of New Jersey

1571 Delsea Drive

FRANKLINVILLE, NEW JERSEY 08322

856-694-1234

Mayor

John Bruno

Deputy Mayor

Timothy Doyle



Tree Removal Application

Name: _____

Address: _____

Block: _____ **Lot:** _____ **Email:** _____

Phone: _____

Request: _____

Please be descriptive as possible: Want to remove "X" numbers of trees from property. If you have a tree expert who is designating the tree is a hazard please include their certification with application submission.

Please complete the top portion of the application and submit via email to Construction@franklintownship.com

***** You will also need to submit pictures showing the location of tree, the full size of the tree and a picture showing the approximate diameter of tree using a ruler approximately 4 - 4 ½ feet above ground to determine diameter base height of tree for use on table below.**

Tree Replacement Requirements Table:

Category	Tree Removed (DBH)	Required Action	Application Fee
1	DBH of 2.5" (for street trees) or 6" (for other trees) to 12.99"	Replant 1 tree in accordance with Appendix A, with a minimum DBH of 1.5" for each tree removed	\$35.00 per tree
2	DBH of 13" to 22.99"	Replant 2 trees in accordance with Appendix A, with minimum DBHs of 1.5" for each tree removed	\$35.00 per tree
3	DBH of 23" to 32.99"	Replant 3 trees with minimum DBHs of 1.5" for each tree removed	\$35.00 per tree
4	DBH of 33" or greater	Replant 4 trees with minimum DBHs of 1.5" for each tree removed	\$35.00 per tree
5	Tree of Significance*	Replant 5 trees with minimum DBHs of 1.5" for each tree removed	\$200.00 per tree

To Be completed by Township:

Date Received: _____ Pictures Submitted: yes ___ no ___

How Many Trees Being removed: _____ x fee for each tree as designated in table above. Cat 1: ___ Cat 2: ___ Cat 3: ___ Cat 4: ___ Cat 5: ___

Administrative Review: _____

Print name & Title

Signature: _____

Approved: yes ___ no ___ Date applicant notified of review decision: _____

Fee paid: _____ Date paid: _____ How paid: _____

Employee who accepted payment: _____

Print name

Signature