



Borough of Lake Como

1740 Main Street, P.O. Box 569, Lake Como, NJ 07719-0569

Phone: 732-681-3232 / Fax: 732-681-8981

Block _____ Lot _____

Tree Removal Permit

A \$50.00 APPLICATION FEE IS DUE AT THE TIME OF SUBMISSION

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____

ONLY FILL OUT OWNER INFORMATION IF IT IS DIFFERENT THAN THE APPLICANT'S INFORMATION

Name of Owner: _____

Address of Owner: _____

Telephone Number: _____

Number of Trees to be Removed: _____

Species of Tree(s) to be Removed: _____

Location of Tree(s) to be Removed: _____

Attach marked survey

Reason(s) For The Tree Removal: _____

Tree Mitigation Plan: _____

***All Tree(s) That Are Proposed To Be Removed Must Be Marked**

With An One (1) Inch Yellow Ribbon For Field Identification*

*****OFFICE USE ONLY*****

Approved: _____ Denied: _____ By Zoning Officer: _____

Reasons: _____

Date: _____

Payment: _____ Payment By: _____

Received By: _____