

TOWNSHIP OF MANTUA

Gloucester County, New Jersey

401 Main Street
Mantua, NJ 08051
Phone: (856) 468-1500 Fax: Fax (856) 464-1022
www.mantuatownship.com

Mantua Township Tree Removal Application

Date Received			
Applicant Information:	Block	Lot	
	Size of Lot _	X	
	Or acreage _		
Street Location of property/lan	ndmarks		
4 1 1 1 N			
Address			
		Best Time to Call	
Lot Owner (if different)			
Name:			
Address			
Phone		Best Time to Call	

ON A SKETCH OR PLOT PLAN, PLEASE SHOW THE FOLLOWING:

For a Major Sub-Division or Site Plan, Applicant should consult Tree Protection Ordinance for specific elements required in the drawing. INDIVIDUAL HOMEOWNERS MAY PROVIDE A HAND DRAWN SKETCH.

- a) Applicants name/address/phone number
- b) Owner's name (if different)/address/phone number
- c) Block and Lot number/lot dimension or acreage
- d) Location of all existing or proposed buildings, driveways, septic fields, easement, underground utility lines, and other improvements (swimming pools etc. if relevant to tree removal)
- e) Existing or proposed rights of way (if relevant)
- f) Location of all proposed trees having a diameter of six (6) inches or greater to be cut, removed, or irreparable damaged, noting each tree by its species, sized and general health condition.
- g) Signature/date of applicant and owner.

In this application submitted in conjunction with a fore	estry management plan prepared by a professional		
forester fort the purpose of silviculture/timber harvesting	ng?(yes/no)		
If yes, please attach forestry management plan.			
Name of Forester	of ForesterPhone		
DESCRIPTION OF INTE	ENDED TREE REMOVAL		
Total number of trees (6" to less than 30" in diameter)	to be removed		
Are any landmark trees (30" or larger diameter) affected			
please explain:			
Will any tree removal activities occur within 300' of a	stream, or within a 100 year flood plane or wetland?		
(yes/no) If yes, show stream on sketch. V	What is the number/type/size of trees proposed for		
removal?			
Reason for tree removal, including type of removal (e.g	g., thinning, clear-cut, aesthetic improvement, etc.)		

How will trees be removed?	
How will remaining trees be protected during remo	oval operation?
Other comments or explanatory remarks:	
	ities described in this application. I give my consent to a tive of the Township for the purpose of evaluating this
Lot Owner's Signature	Date