

Sparta Planning Department

(973) 729-8093

Fax (973) 726-3653

**SPARTA TOWNSHIP
APPLICATION FOR TREE PERMIT**

Date of Application: _____ Location of work _____

Name of Owner: _____ Block/Lot: _____

Address: _____ Phone #: _____

Name of Person Performing work: _____

Address: _____ Phone #: _____

Purpose of Tree Removal (construction, driveway, etc.) _____

List and Description of Trees to be removed including size and species:

Property Survey must be submitted indicating area of tree removal and existing tree line to remain.

Date of Subdivision Approval (for minor and major subdivisions): _____

Single Family Lots (permit expires one year from approval)

I hereby give permission for the Sparta Township Zoning Official to inspect these premises with respect to this application

Date: _____ Print Name: _____ Signature: _____

FEES: Site Plan Waiver : \$ 50.00

Site Plan: \$ 200.00

Escrow Fee: \$ 300.00

Fees Paid: _____

TREE REMOVAL PERMIT # _____ DATE ISSUED: _____

Zoning Officer

**ALL APPLICANTS MUST NOTIFY THE PLANNING DEPARTMENT
(5) FIVE DAYS PRIOR TO STARTING WORK**