



Office of the Township Clerk | Township of Montclair
205 Claremont Avenue | Montclair, New Jersey 07042
Telephone: 973-509-4900 | Fax: 973-509-0874
Email: registrations@montclairnjusa.org

APPLICATION FOR TREE REMOVAL CONTRACTOR REGISTRATION

Completed applications shall be returned to the Office of the Township Clerk. A tree removal contractor shall carry and provide proof of the following insurance coverage: \$2,000,000 property damage and bodily injury insurance per incident; \$300,000 automobile insurance per incident; and workers' compensation insurance in such amounts as required by law. All tree removal contractors shall require their insurers to provide the Township with a minimum of 30 days' advance notice of the cancellation of any required coverage. Upon the cancellation of any of the required insurance coverage, the tree removal contractor's registration shall automatically be suspended, and the tree removal contractor shall thereafter be prohibited from performing.

Upon the submission of (i) proof of satisfactory proof of insurance coverage and (ii) licensure in accordance with the New Jersey Tree Experts and Tree Care Operators Licensing Act, the Township Clerk shall register the tree removal contractor as approved to do business in the Township.

There will be fees due and payable to the Township of Montclair pursuant to Township Code §324 Trees upon registration of the tree removal contractor by the Township Clerk. **All registrations shall expire on December 31 of the calendar year in which issued.**

§ 324-8 Fees.

B. A tree removal contractor shall pay an annual registration fee of \$75.00.



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APPLICATION FOR TREE REMOVAL CONTRACTOR REGISTRATION

SECTION 1. APPLICANT INFORMATION

Full Name: _____
 Home Address: _____
 Phone: _____ E-Mail: _____

SECTION 2. BUSINESS INFORMATION

Business Name: _____
 Business Address: _____
 Full Name of Owner: _____
 Phone Number: _____ E-Mail: _____

SECTION 3. STATE LICENSE INFORMATION

License Type: [] New Jersey Tree Care Operator or [] New Jersey Tree Expert
 License Number: _____ Exp. Date: _____

SECTION 4. INSURANCE INFORMATION

Liability Insurance Company: _____
 Policy No.: _____ Exp. Date: _____

SECTION 5. AGREEMENT AND CERTIFICATION

I am the applicant listed in Section 1 of this application. I understand and agree to abide by all the requirements of Montclair Code §324 Trees and any amendments thereof and supplements thereto. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Full Name: _____
 Signature: _____ Date: _____

***** FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE *****

	APPROVED	SIGNATURE (please include name if designee)	DATE	COMMENTS
Township Clerk or designee	[] Yes [] No			
Staff member issuing registration	Registration Number	Issue Date	Distribution (copy of registration)	Staff initials
			[] Dept. of Community Services [] Division of Code Enforcement, Housing, & Property Maintenance	



Township of Montclair

Department of Community Services

219 North Fullerton Avenue

Montclair, NJ 07042

Tel: 973-509-5711 FAX: 973-783-7703

Township of Montclair **Tree Removal Permit Notice**

In accordance with Township of Montclair Ordinance (O-12-44) prior to the removal of any tree, with limited exceptions, a permit must be obtained from the Department of Community Services for each tree which is to be removed.

Tree Removal Permit Applications shall be taken to the Department of Community Services 219 North Fullerton Avenue, Montclair, New Jersey in person on Monday through Friday from 8:30 a.m. to 4:00 p.m. Permits will be granted at the time of application if the form is complete and the necessary fees are attached. To obtain a Tree Removal Permit you will need:

- 1) A completed Tree Removal Permit Application.
- 2) A check made payable to the Township of Montclair for the necessary fees.
- 3) Fees:
 - a. Permit Application Fee - \$15.00 per tree to be removed.
 - b. Tree Replacement Fee –
 - \$250.00 per tree removed if no tree replacement.
 - No Tree Replacement Fee if tree to be removed is replaced.

Any questions regarding the Tree Removal Permit should be directed to the Department of Community Services at 973-509-5711.

Tree Removal Permit Notice



Township of Montclair • Department of Community Services • 219 North Fullerton Avenue • Montclair, NJ 07042 • T: 973-509-5711 • F: 973-783-7703

Township of Montclair Tree Preservation Ordinance

TREE REMOVAL PERMIT APPLICATION

DATE: _____

PROPERTY OWNER

1. Name: _____ Phone: _____
2. Street Address: _____

TREE CONTRACTOR INFORMATION

3. Name: _____
4. Township Registration #: _____
5. Telephone #: _____
6. Email Address: _____

TREE REMOVAL PLAN

7. Number of trees being removed: _____ Planned date of removal: _____

TREE RESTORATION PLAN

8. Number of trees being replanted on applicant's property: _____
9. Species of tree(s) being replanted: _____
10. Planned date of replanting: _____ Cost of replanting: _____
11. Name of replanting contractor: _____

In lieu of replanting on the applicant's property, a check in the amount of \$ _____ made payable to the Township of Montclair is attached. ***The cost per tree is \$250.00.***

The Department of Community Services is responsible for streets, public property and parks, refuse collection and recycling, shade tree maintenance, snow and leaf removal, and all community infrastructure except the parking, water utilities and sanitary sewers.



COMPLIANCE CERTIFICATION

Hereby certify on behalf of the applicant property owner that:

- i. The information contained in this application, permit by rule and compliance certification is true and accurate.
- ii. The Tree Removal Plan and Tree Restoration Plan fully comply with all requirements of the Tree Preservation Ordinance.
- iii. That the required number of trees will be timely replanted on the applicant’s property or the required payment to the Township of Montclair is included with this application.
- iv. That the required permit fee is attached:
 - a. \$15.00 per tree to be removed
 - b. \$250.00 per tree in lieu of replanting (if applicable)
- v. I am a registered Tree Removal Contractor with the Township of Montclair.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment including the loss of my company registration as a Tree Removal Contractor.

(Tree Removal Contractor)

(name of tree contractor employee filing this permit)

(signature of tree contractor employee)

FOR OFFICE USE ONLY. DO NOT WRITE BELOW.

PERMIT FEE:

_____ # of trees to be removed @ \$15.00 per tree \$ _____

_____ # of trees in lieu of replanting @ \$250.00 per tree \$ _____

TOTAL PERMIT FEE COLLECTED: \$ _____

APPROVED BY: _____, Township of Montclair DATE: _____

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