



Planning / Zoning

TOWNSHIP OF WASHINGTON / GLOUCESTER COUNTY

MUNICIPAL BUILDING, P.O. BOX 1106, TURNERSVILLE NJ 08012

856-589-0520 ext. 233 or 234

Fax: 856-589-2953

Tree Planting and Removal Permit

Owner / Applicant Name _____

Owner / Applicant Address _____

Location of Proposed Project Lot _____ Block _____

Location Address _____

Date received at Planning / Zoning Board _____

(to be completed by Township Official)

Permit Checklist

The following items must be submitted with the permit application. Any deviation from this checklist must be justified in the space provided below.

_____ Site map

_____ Map identifying all trees over four inches in diameter on the property (required in the Land Development Check List)

_____ Location of all trees to be either removed or planted in relation to proposed buildings or improvements

_____ Number of trees to be planted as required by this Ordinance (provide number on checklist line)

_____ Planting plan with size, species and spacing of proposed trees selected from Preferred Tree List

_____ Tree removal/protection specifications

_____ Permit fee received

Provide an explanation for any items not marked above as complete or issues that require further clarification.
