

Address \_\_\_\_\_

**DEMOLITION OR REMOVAL OF STRUCTURES/ABANDONED WELLS CHECKLIST**

- \_\_\_ 1. Rat Abatement: Provide a written statement from a pest control company
- \_\_\_ 2. Proof of Insurance: Provide policy declaration.
- \_\_\_ 3. Service Connections: Provide written releases from all utilities that provide service to the property has been safely disconnected.
  - \_\_\_ Electric                      \_\_\_ Gas                      \_\_\_ Water
  - \_\_\_ Phone                        \_\_\_ Sewer                    \_\_\_ Cable TV
- \_\_\_ 4. Asbestos Abatement: The owner or agent shall document that the requirements of USEPA 40 CFR 61 subpart M have been or shall be met.
- \_\_\_ 5. Abandon Wells: If there is a well on the property that has been abandoned, or that will be abandoned in conjunction with the proposed demolition, a certification must be obtained from a well driller licensed by the Department of Environmental Protection indicating the well has been sealed in accordance with N.J.A.C. 7:9-9.
- \_\_\_ 6. Storage Tanks – Fuel oil/combustible liquids: Must be abandoned/removed in accordance with N.J.A.C. 5:23-3.11B.
- \_\_\_ 7. Notice to adjoining owners: Provide written copies of all notice to adjoining property owners who may be affected as a result of the proposed demolition.
- \_\_\_ 8. Break bottom of slab/break foundation min. 18” from grade/clean only.
- \_\_\_ 9. Tree Permit: A tree permit must be submitted with \$100 non-refundable in accordance with Section 208 of the Borough Code.
- \_\_\_ 10. **Three copies** of the landscaping plan in accordance with Section 208.9 of the Borough Code.
- \_\_\_ 11. If demolition and/or new construction disturbs more than 5000 sq ft of soil then approval from Bergen County Soil Conservation is required (Chapter 251, P.L. 1975) Contact: (201) 261-4407 Website: <https://bergenscd.org>
- \_\_\_ 12. Construction Permit Application (Form F100)
- \_\_\_ 13. Building Subcode Technical Form (F110)

*By signing below, you are confirming that all necessary forms are included in your application packet. No incomplete applications will be reviewed.*

Signature of Homeowner or Contractor: \_\_\_\_\_

**Final inspection is required post demolition.**

# BOROUGH OF GLEN ROCK

## APPLICATION FOR TREE REMOVAL AND RESTORATION PERMIT

-- PRINT OR TYPE --

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Address of tree(s) to be removed: \_\_\_\_\_ Block \_\_\_\_ Lot \_\_\_\_

Tree(s) to be removed by:

Property Owner/Applicant;  New Jersey licensed provider/contractor:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Registration Number: \_\_\_\_\_

Type of registration (circle if applicable): NJTC, LTE, LTO, or ISA Certified Arborist (CA), Home Improvement Contractor, Other (specify) \_\_\_\_\_

**PERMIT APPLICATION MUST BE RECEIVED AT LEAST FIFTEEN (15) WORKING DAYS PRIOR TO PROPOSED REMOVAL DATE, FOR NON-EMERGENCY WORK**

**I. Identify trees proposed for removal by tying tape or ribbon around trunk. Do not mark on trees**

Proposed removal date: \_\_\_\_\_

Number of trees to be removed: \_\_\_\_\_. (If more than 3, attach a landscape plan or sketch)

Please list trees (use additional sheets if needed):

	Tree Species:	Trunk Diameter*:	Reason for removal:
1			
2			
3			

\*Trunk Diameter at 4 1/2 foot height; see Ordinance for details

**2. Replacement trees or contribution in lieu of planting replacement trees**

**A. List species and quantities of replacement trees (See list of prohibited species):**

\_\_\_\_\_  
\_\_\_\_\_

B.  In lieu of planting replacement trees, I elect to contribute to the Glen Rock Tree Trust for \_\_\_\_\_ (quantity) trees for replacement in other areas of Glen Rock.

(This section may be elected at the time of submission of the application if the applicant desires to make a contribution in lieu of replacements at that time.)

3. I certify that this application is true, correct, and complete.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Permit application does not constitute approval. Do not schedule tree removal until permit has been approved.**

- Required minimum size of replacement trees: 2 ½ inch trunk diameter; no arborvitae.
- Approved permits are valid for one year from the authorization date shown below.
- Application fee: \$100.00, not refundable.
- Donation to the Glen Rock Tree Trust in lieu of replacement: \$750.00 per tree.

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**\*\* DO NOT WRITE IN THIS AREA \*\***

Received by staff member: \_\_\_\_\_ Amount received: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Tree Removal Permit:  GRANTED  NOT GRANTED Reason: \_\_\_\_\_

Landscape Sketch/Plan:  Received

Plant replacement tree(s):  Received

Tree Trust contribution:  Received

PERMIT PROCESSED by \_\_\_\_\_ Date: \_\_\_\_\_

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### **CERTIFICATION OF COMPLETION BY APPLICANT**

EXECUTE THIS SECTION WITHIN ONE YEAR FOLLOWING APPROVAL OF PERMIT. IF REPLACEMENT TREES WERE PLANTED (Subject to inspection.) THIS FORM TO BE NOTARIZED FOR SUBMISSION. ATTACH CONTRACTOR RECEIPT FOR PLANTING REPLACEMENT TREES..

I certify that (quantity) \_\_\_\_\_ replacement trees as stated above were planted on (date) \_\_\_\_\_ and are currently in a healthy state.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLACE NOTARY STAMPS IN THIS AREA.