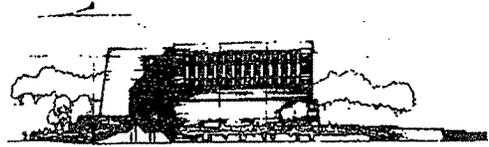


Borough of Cliffside Park

BUILDING DEPARTMENT



Municipal Complex
525 Palisade Avenue
Cliffside Park, New Jersey 07010
Tel: 201-313-2042
Fax: 201-945-3903



PERMIT

Date: _____

Check One: Tree Removal _____ Tree Trimming _____

Location: Curbside/Front _____ Rear _____

Property Address: _____ Telephone: _____

Owner: _____

Address: _____

Contractor (if applicable): _____ License # _____

Contractor's Address: _____

Telephone#: _____

Reason for Removal: _____

In consideration of the issuance of this permit, the applicant agrees to comply at all times with the Building Department Codes or Resolution regarding tree maintenance and removal.

Signature: _____

NOTARY: _____

Note: Replacement tree will be re-planted immediately, weather permitting.
Please contact this office so that we can inspect your property after planting.

FEE: \$25.00

As per Borough Ordinance #2-2006