



City of Lambertville

18 York Street
Lambertville, NJ 08530

Phone: 609-397-0110

Fax: 609-397-2203

LAMBERTVILLE SHADE TREE COMMISSION TREE ACTION REQUEST

APPLICANT / OWNER INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

REQUESTED ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Low Trimming (Up to 8-feet) | <input type="checkbox"/> Offending / Dangerous Branch Removal |
| <input type="checkbox"/> Tree Trimming / Shaping | <input type="checkbox"/> Sign Display (Temporary) |
| <input type="checkbox"/> Tree Removal (Dead, Diseased, Dying) | <input type="checkbox"/> Pile building material or make mortar or cement within 6 feet of a street tree or shrub |
| <input type="checkbox"/> Tree Removal (Healthy) | <input type="checkbox"/> Construct/repair a sidewalk within 6 feet of an existing tree or shrub |
| <input type="checkbox"/> Disease Treatment (Chemical Application/Spraying) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Plant a tree or shrub adjacent to a sidewalk or in the City right-of-way | |

Contractor to Complete Job: _____

Phone: _____

Requested Approximate Date of Project: _____

REQUEST PROCESS

Your request will be reviewed / considered at the first regularly scheduled meeting of the Lambertville Shade Tree Commission (LSTC) occurring at least one (1) week after the date of this application. The LSTC meets the Last Tuesday of the month at 7:30 PM at the Justice Center.

You have the option of attending the meeting to present supporting documentation for your request, but attendance is not mandatory.

You will be notified by regular mail of the Commission's decision.

PENALTIES

Per the City of Lambertville Code, Section 3-16.3, no person shall do or cause to be done harm in any way to a Lambertville Shade Tree or its roots without written permit by the LSTC.

Per N.J.S.A. 40:49-5 and City of Lambertville Code, Section 3-16.7, violations will be subject to a possible fine not to exceed one thousand (\$1,000.00) dollars for each and every offense, or imprisonment in the County jail for not more than ninety (90) days, or a period of community service not exceeding ninety (90) days at the discretion of the Municipal Judge.

CERTIFICATION

I certify under penalty of law that the information provided in this document is true, accurate, and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

Print: Name

Signature of Applicant/Owner

Date