

**MONROE TOWNSHIP SHADE TREE COMMISSION**

**APPLICATION FOR SITE PLAN REVIEW**

Blocks & Lots \_\_\_\_\_  
PB # \_\_\_\_\_

Date \_\_\_\_\_

Instructions: The applicant shall submit one (1) copy of this application, one (1) set of complete plans and four (4) copies of Tree Removal & Replacement Plans & Landscape Plan. The appropriate fee, as set forth in the Monroe Township Shade Tree Ordinance; Chapter 97, must accompany this application. All fees shall be made payable to the Township of Monroe.

Application is hereby made for review of landscaping plans, tree removal & replacement plans for a proposed subdivision or other development and for approval by the Monroe Township Shade Tree Commission.

1. APPLICANT'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

2. PRESENT OWNER (if other than #1 above)  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

3. INTEREST OF APPLICANT IF OTHER THAN OWNER \_\_\_\_\_

4. DATE CLASSIFIED AS MAJOR SUBDIVISION BY PLANNING BOARD \_\_\_\_\_

5. ZONING OF AREA \_\_\_\_\_

6. LOCATION OF SUBDIVISION \_\_\_\_\_

7. (a) NUMBER OF PROPOSED TREES TO BE REMOVED \_\_\_\_\_

(b) NUMBER OF PROPOSED TREES TO BE PLANTED \_\_\_\_\_

9. TOTAL AREA OF TRACT \_\_\_\_\_ % AREA TO BE LANDSCAPED \_\_\_\_\_

10. TOTAL AREA TO BE DISTURBED \_\_\_\_\_ SQ FT \_\_\_\_\_ ACREAGE

11. NAME, ADDRESS, PHONE # & PROFESSION OF PERSON DESIGNING LANDSCAPING & TREE  
REMOVAL AND REPLACEMENT PLANS:

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

(Do not write below this line)

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DATE RECEIVED AND FEE COLLECTED \_\_\_\_\_

FEE PAID \_\_\_\_\_

**ACTION OF MONROE TOWNSHIP FORESTER:**

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

APPROVED CONDITIONALLY: \_\_\_\_\_

DENIED: \_\_\_\_\_

RECOMMENDATIONS OF TOWNSHIP FORESTER \_\_\_\_\_

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

LAST REVISION DATE OF SUBMITTED PLANS: \_\_\_\_\_

\_\_\_\_\_  
MONROE TOWNSHIP FORESTER

DATE

\_\_\_\_\_  
SECRETARY, MONROE TOWNSHIP SHADE TREE COMMISSION

DATE