



# Township of Hillsborough

COUNTY OF SOMERSET  
THE PETER J. BIONDI BUILDINGS  
379 SOUTH BRANCH ROAD  
HILLSBOROUGH, NJ 08844  
(908) 369-4313  
[www.hillsborough-nj.org](http://www.hillsborough-nj.org)

**OFFICE USE ONLY**

Fee: \_\_\_\_\_

Check # \_\_\_\_\_

## Tree Permit Application or Waiver Request

Please see Ordinance 2024-16 for full details of requirements

### OWNER INFORMATION

Property Owner: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Worksite Address: \_\_\_\_\_, Hillsborough, NJ 08844

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

Mailing Address: \_\_\_\_\_  
*(if different than worksite or a new dwelling)*

Applicant information, if other than Property owner:

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

### SUBMIT THE FOLLOWING WITH THIS APPLICATION

- \$25 Fee (checks made payable to Hillsborough Township)
- Tree removal plan
- Tree mitigation plan, including caliper and species for replacements (if required)
- Exemption backup (photos, statement from licensed tree expert or arborist)

### REMOVAL REQUEST FOR NON-EXEMPT TREES

Indicate category and number of trees to be removed

Category	Number of trees
Street Tree DBH 2.5" or greater	_____
Non-Street Tree DBH 6" to 12.99"	_____
Non-Street Tree DBH 13" to 22.99"	_____
Non-Street Tree DBH 23" to 32.99"	_____
Non-Street Tree DBH 33" or greater	_____

**WAIVER REQUEST FOR EXEMPT TREES**

Please be aware that trees that were planted as part of a street tree planting program or Board of Adjustment/Planning Board Approval may not be exempt from the mitigation requirements.

Indicate exemption reason and number of trees.

# of trees	Reason
_____	Dead or diseased*
_____	Street tree DBH 2.49 inches or less
_____	Non-street tree DBH 5.99 inches or less
_____	Hazard tree (as defined in 188-161) *
_____	Other reason as stated in 188-162B *

\*Please provide, as an attachment to this application, justifications such as photographs, maps, and statements from a licensed tree expert or arborist to claim this exemption.

**ACKNOWLEDGEMENTS AND SIGNATURE**

*By signing this application, I certify that I am authorized by the property owner to fill out this application. I have read the above information, provided the required attachments and fees, and will abide by all Township Requirements:*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Submit applications to:**

Engineering Department  
The Peter J. Biondi Building  
379 South Branch Road  
Hillsborough, NJ 08844

**Contact us with questions:**

908-369-4460