



Joseph A. Inghima  
Superintendent of Public  
Works

# CITY OF HACKENSACK

DEPARTMENT OF PUBLIC WORKS  
120 EAST BROADWAY  
HACKENSACK, N.J. 07601  
(201)-646-3950  
Fax (201)-646-0320  
[www.hackensack.org](http://www.hackensack.org)

## **TREE REMOVAL NOTIFICATION FORM**

**Background and Instructions:** Pursuant to Ordinance No. 17-2024, the City of Hackensack has established certain regulations relating to tree removal and replacement within the City. In order to ensure compliance with the requirements of the Ordinance, this form has been developed to properly record tree removals within the City and ensure that replacement requirements are fully met. This Ordinance is codified at Chapter 162 of the City Code (available on the City's website, [www.hackensack.org](http://www.hackensack.org)).

Not all trees that are being removed by a property owner must be reported using this form – only trees that have a minimum diameter at breast height (“DBH”) of 6” or greater. This is the diameter of the trunk of a mature tree generally measured at a point 4 and ½ feet above ground level from the uphill side of the tree. For species of trees where the main trunk divides below this height, the DBH is measured at the highest point before any division. For street trees – those planted in a sidewalk, planting strip or public right of way – the applicable DBH is 2.5” or greater.

This form must be completed and filed with the Department of Public Works prior to the removal of any tree (as that term is defined in Ordinance 17-2024), which meets the above requirements. Unless you meet one of the specific exemptions in the Ordinance, you will be required to replace the trees that you remove, in the manner established by the Ordinance, or pay a fee of \$350.00 per tree removed, which will be placed by the City into a dedicated fund for tree planting and maintenance.

Failure to comply with the requirements established in Ordinance 17-2024 will subject you to the penalties established by law. For further information, please contact the Department of Public Works.



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*If you cannot fully answer any question within the space provided, please attach additional sheets noting the specific question you are answering.*

## 1. Property Owner:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail: \_\_\_\_\_

## 2. Property Address: \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_

## 3. Person Completing Application (if different from Property Owner):

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail: \_\_\_\_\_

## 4. Reason for tree removal: \_\_\_\_\_

\_\_\_\_\_

## 5. Total number of trees to be removed: \_\_\_\_\_



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**6. Is this property currently the subject of an application before the Planning Board or Zoning Board of Adjustment (yes/no):**\_\_\_\_\_

**7. Tree Removal Plan: Attach a copy of a tree removal plan consisting of a map, diagram or survey showing the location of all trees on the property proposed for removal marked by an “X,” along with the DBH of each such tree. The plan must include the location of all existing structures. Additional documentation or photos may be required.**

**8. Are you using a Licensed Tree Care Operator (“LTCO”) or Licensed Tree Expert (“LTE”) for the tree removal (yes/no):**\_\_\_\_\_

**9. If the answer to #8 is yes, please provide contact information for the LTCO or LTE performing the tree removal:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail: \_\_\_\_\_

**10. Proposed date of tree removal:** \_\_\_\_\_

**11. Are you claiming an exemption from having to replace some or all of the trees being removed pursuant to this notification (yes/no):**\_\_\_\_\_

**12. If the answer to #11 is yes, what is the basis for your claim of exemption (see Section 162-9 for specific exemption categories):**\_\_\_\_\_

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



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**13. If the answer to #11 is no, do you propose to replace all of the removed trees in accordance with City Code requirements (see Section 162-8 for specific replacement requirements) (yes/no):**\_\_\_\_\_

**14. If the answer to #13 is no, what is your reason for claiming that some or all of the required replacement trees cannot be planted on the property where the tree removal activity occurred:**\_\_\_\_\_

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### *Certification of Property Owner:*

*The undersigned hereby certifies that he or she is the property owner affected by this application, acknowledges receipt of a copy of Ordinance 17-2024, and certifies that the information provided herein is true and accurate to the best of his or her knowledge.*

\_\_\_\_\_  
Signature of Property Owner

### **FOR CITY OF HACKENSACK USE ONLY**

**Based upon the information provided, the following tree replacement requirements have been determined to apply pursuant to Section 162-8 of the City Code:**\_\_\_\_\_

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City Representative making this determination:\_\_\_\_\_