

**BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES**

220 East Ridgewood Ave, Paramus, NJ 07652

Phone (201) 634-2730 Fax (201) 634-2808

Plan Submissions

(PLEASE SEE REVERSE FOR OAKLAND'S ADDITIONAL REQUIREMENTS FOR SUBMISSIONS)

Date:	Municipality:	Address:	
Contact Name:		Block:	Lot:
Phone Number:		Email:	

Reason for paperwork submission:

- ☐ Building Plan
- ☐ Septic Plan Review
- ☐ Septic Repair – Attach Repair Form

Installation of Septic System

- ☐ ATU/UV Light service contract
- ☐ Deed Restriction
- ☐ Electrical Permit
- ☐ Plumbing Permit

If Building Plans are being submitted, please select all that applies:

- ☐ Addition
- ☐ Deck
- ☐ New Home
- ☐ Bedroom
- ☐ Outdoor plumbing

☐ BathroomWill a pump of any sort be added while adding the bathroom. ☐ Yes ☐ No**Pool**

- ☐ Above ground
- ☐ In-ground
- ☐ Semi in-ground

Other:

(Please describe work being performed)

Official Use Only

Date Received	Received By	
---------------	-------------	--

OAKLAND BOARD OF HEALTH

One Municipal Plaza, Oakland, NJ 07436

Phone: 201-337-9254

FAX: 201-337-9212

e-mail: health@oakland-nj.org

SEPTIC SYSTEM PERMIT APPLICATION

LICENSEE/INSTALLER _____

BUSINESS ADDRESS _____

PROPERTY OWNER _____

PROPERTY ADDRESS _____

PROPERTY BLOCK/LOT _____

TYPE OF WORK BEING DONE _____

APPLICATION REQUIREMENTS AS OF 3/16/2022:

1. All septic contractors working in Oakland must be licensed by the Oakland Board of Health.
2. All work shall be performed by the original septic installer licensee named herein and whose signature appears on the septic permit application. No work is to be delegated to a subcontractor or other entity.
3. The Oakland Board of Health shall be notified at least 2 business days (48 hours) in advance of the date work will commence. Applicant shall notify the Board of Health's Health Inspector immediately of any cancellations, delays or changes in scheduled work.
4. Septic contractor must contact Board of Health's Health Inspector to have work inspected before it is covered.
5. Inspections of septic tank installations must include witnessing of water tight testing. (N.J.A.C. 7:9A-8.2(m)).
6. Advanced Pretreatment Devices:
 - a) Advanced Pretreatment Devices are to be installed only by an Oakland-licensed septic installer, who has submitted a letter to the Health Department from the manufacturer of the particular ATU being installed that certifies that the installer has sufficient knowledge to install that particular manufacturer's proprietary technology (the alternate treatment unit). Example: Hoot, Jet, etc.
 - b) The Installation Permit MUST BE issued to the Oakland-licensed Certified Installer.
 - c) An authorized installer shall be physically present at all times during installation of an advanced pretreatment device and either install or directly oversee the installation of the advanced pretreatment device.
 - d) The authorized installer MUST be present at the inspection of the vacuum test/water tightness of the pre-treatment device.
7. The septic contractor must notify the Oakland Shade Tree Commission if trees need to be removed other than those within the immediate area of the septic system as per the approved site plan. All trees removed require homeowner to obtain a permit from the Shade Tree Commission (applications are available at the Oakland DPW Bldg., 63 Oak Street); however trees within a 25' radius of the septic installation, alteration or repair are exempt from the fee requirement. Call 201-337-8104 X3022 prior to commencing with any work. If there is no answer, leave a message on the machine.

Date of Application

Signature of Applicant

Print Name

CHECKLIST FOR SEPTICS WITH ATUs

Revised 1/1/2022

1. First, the septic engineer's septic plan must be reviewed by, and get approval from, the Health Inspector. The engineer will be notified by the Health Inspector when the plan is approved or rejected.
2. Once the septic plan has been approved, you must apply for & pay for an electrical permit at the Building Department. (You must pick up this permit from the Building Department and include it in your packet when you submit the entire packet with payment to the Health Department for the septic installation permit.)
3. When applying to the Health Department for the septic installation permit, the contractor must submit all of the following in ONE PACKET via the Health Department dropbox in the lower level of Borough Hall, by mail, or in-person:
 - ☐ Electrical Permit (get this permit from the Building Department)
 - ☐ Deed restriction* (get this restriction from the Attorney)
***NOTE:** A deed restriction template form can be emailed to your attorney upon request. An attorney must create the deed restriction and it must be filed with the county. If the attorney has questions about procedures regarding deed restrictions, he or she may call the County Clerk.*
 - ☐ Transmittal page (also called "Bergen County Recording Data Page") showing that they attorney submitted the deed restriction to the County Clerk (get this page from the Attorney)
 - ☐ Copy of check that the attorney submitted to the county for the deed restriction (get copy of check from Attorney)
 - ☐ Service contract for septic maintenance
 - ☐ Proof from the manufacturer of the ATU that the contractor has sufficient knowledge to install the manufacturer's proprietary technology
 - ☐ Septic Permit Application Form
 - ☐ Payment for permit
 - ☐ Any other documentation that the Health Inspector requests from you

ABSOLUTELY NO DOCUMENTATION OR PAYMENT WILL BE ACCEPTED SEPARATELY— it must all be submitted together in complete packet form by the contractor only. There will be NO EXCEPTIONS.

APPROVAL OR REJECTION OF A SEPTIC PERMIT APPLICATION PACKET:

REJECTION: If you submit an incomplete packet, it will be rejected and placed on the bulletin board in the vestibule on the lower level of Borough Hall for you to pick up for completion.

APPROVAL: If your packet is complete and permit is approved, it will be placed on the bulletin board for pickup. If you would like for your permit to be mailed, please put a sticky note on the application for us to mail it to you.

Please note: Permits will only be issued to the owner of the business that is licensed to install repairs and septics in Oakland, as septic installation licenses are non-transferrable.

Please note: All Health Department submissions are processed on a first-come-first-served basis.

Tree Mitigation Schedules

ORDINANCE 22-CODE-883

table 1

Primary Homeowner Applicant -Tree Mitigation Schedule			
Column A	Column B	Column C	Column D
Qty of trees to be removed at each size category	Size Category (Diameter of Tree to Removed)	Qty of <u>2" min. caliper</u> replacement trees required	Total number of replacement trees (Column A x Column C)
	6"-12"	1	
	12"-24"	2	
	24"-36"	3	
	36" or greater	4	
Total Column D			

table 2

Commercial and Non-primary Applicant -Tree Mitigation Schedule			
Column A	Column B	Column C	Column D
Qty of trees to be removed at each size category	Size Category (Diameter of Tree to Removed)	Qty of <u>3" min. caliper</u> replacement trees required	Total number of replacement trees (Column A x Column C)
	6"-12"	2	
	12"-18"	4	
	18"-24"	6	
	24"-36"	8	
	36" or greater	10	
Total Column D			

table 3

Primary Homeowner Applicant -Tree Mitigation due to septic or additions ***			
Column A	Column B	Column C	Column D
Qty of trees to be removed at each size category	Size Category (Diameter of Tree to Removed)	Qty of <u>1" min. caliper</u> replacement trees required	Total number of replacement trees (Column A x Column C)
	6"-12"	1	
	12"-24"	2	
	24"-36"	3	
	36" or greater	4	
Total Column D			

***A mitigation plan is not required on existing primary residential lots for the first 36" of tree caliper located within the building footprint of a proposed new principal building, additions to a principal building, driveway, walkway, patio, septic systems or new accessory structures, including, but not limited to, pools.



1 Municipal Plaza
Oakland, NJ 07436
Phone (201) 337-8104 ~ Ext. 3022
Fax (201) 405-7723
E-Mail: shadetree@oakland-nj.org

PRIMARY RESIDENT APPLICATION FOR TREE REMOVAL PERMIT
~ PLEASE PRINT OR TYPE ~

Name of Applicant: _____ Date: _____
Address where tree(s) to be removed: _____

Applicant Email: _____ Phone # () _____

Tree(s) to be removed by: ☐ Property Owner; or ☐ New Jersey licensed tree service provider:

Name of Tree Service _____

Business Registration Number (NJTC#) _____

Has the above premises been the subject of any current or prior application to the Zoning Board of Adjustment or Planning Board?

☐ Yes ☐ No If yes, please state the date: _____ Board Resolution # (if any): _____

**PERMIT APPLICATION MUST BE RECEIVED AT LEAST TEN (10) BUSINESS DAYS
PRIOR TO PROPOSED REMOVAL DATE**

☐ Yes ☐ No All trees proposed for removal MUST be marked with YELLOW TAPE ONLY around trunk.

*****DO NOT MARK TREES PERMANENTLY WITH PAINT*****

Proposed date of tree removal: _____ Total number of trees proposed for removal: _____

Please list trees to be removed:

- | | |
|----------------------------|---------------------------|
| 1. Trunk Diameter*: _____ | Reason for removal: _____ |
| 2. Trunk Diameter*: _____ | Reason for removal: _____ |
| 3. Trunk Diameter*: _____ | Reason for removal: _____ |
| 4. Trunk Diameter*: _____ | Reason for removal: _____ |
| 5. Trunk Diameter*: _____ | Reason for removal: _____ |
| 6. Trunk Diameter*: _____ | Reason for removal: _____ |
| 7. Trunk Diameter*: _____ | Reason for removal: _____ |
| 8. Trunk Diameter*: _____ | Reason for removal: _____ |
| 9. Trunk Diameter*: _____ | Reason for removal: _____ |
| 10. Trunk Diameter*: _____ | Reason for removal: _____ |

NOTE: Please list additional trees on a separate sheet if necessary.

Trunk Diameter = Circumference of Trunk or DBH = Diameter at Breast Height, measured at 4.5ft high)

• Permit application does not constitute approval; do not schedule tree removal until a permit has been approved by the Borough.



1 Municipal Plaza
Oakland, NJ 07436
Phone (201) 337-8104 ~ Ext. 3022
Fax (201) 405-7723
E-Mail: shadetree@oakland-nj.org

- A copy of the applicant's property survey (preferred) or hand drawn map with the trees to be removed clearly located is required for this application to be considered.
- The submittal of a tree replacement plan may be required and is indicated below.
- Minimum required size of replacement trees: Deciduous replacements are required to be no less than 2.0" in caliper. Coniferous replacements are required to be 6' - 8' in height. Deciduous replacements due to septic and additions are required to be no less than 1.0" in caliper.

(See Recommended Tree List)

- No substitutions of replacement tree varieties permitted without prior Borough written approval.
- Approved permits are valid for twelve (12) months, beginning on the authorization date written below.

----- * * DO NOT WRITE BELOW THIS LINE * * -----

Permit Fee \$ _____ ☐ Cash; ☐ Check # _____

Received by staff member: _____

Tree Replacement Plan: ☐ Not Required; ☐ Required by Date: ____/____/____

☐ Previously Filed Planting of replacement tree(s): ☐ Not Required; ☐ Required, as follows:

Replacement Schedule and Mitigation Requirement

As a condition to any permit to remove any live tree, the Shade Tree Commission shall require that the applicant plant, at the applicant's expense, another tree(s) in the place of the one(s) removed. In cases where the planting of a new shade tree(s) in place of the one(s) removed would, in the judgment of the Property Owner or the Shade Tree Commission, not be feasible; the applicant shall be required to pay to the Borough of Oakland an amount equal to two hundred fifty (\$250.00) dollars per tree for all residential applications less than thirty-six inches (36") in diameter of trees removed and three hundred fifty (\$350.00) dollars per tree greater than thirty-six inches (36") of trees removed. The Shade Tree Commission will then release the applicant from the requirement of planting a new tree on that site.

Tree Removal Permit: ☐ APPROVED

Notes:

Authorization of Borough Representative: _____ Date: _____

----- * * DO NOT WRITE ABOVE THIS LINE * * -----

By signing the application below you are acknowledging the conditions described above for any required replacements.

Signature of Applicant: _____



1 Municipal Plaza
Oakland, NJ 07436
Phone (201) 337-8104 ~ Ext. 3022
Fax (201) 405-7723
E-Mail: shadetree@oakland-nj.org

**COMMERCIAL OR NON-PRIMARY RESIDENT
APPLICATION FOR TREE REMOVAL PERMIT**
~ PLEASE PRINT OR TYPE ~

Name of Applicant: _____ Date: _____
Address where tree(s) to be removed: _____

Primary Address of Applicant: _____

Applicant Email: _____ Phone # () _____
Tree(s) to be removed by: ☐ Property Owner; or ☐ New Jersey licensed tree service provider:
Name of Tree Service _____

Business Registration Number (NJTC#) _____

Has the above premises been the subject of any current or prior application to the Zoning Board of Adjustment or Planning Board?

☐ Yes ☐ No If yes, please state the date: _____ Board Resolution # (if any): _____

**PERMIT APPLICATION MUST BE RECEIVED AT LEAST TEN (10) BUSINESS DAYS
PRIOR TO PROPOSED REMOVAL DATE**

☐ Yes ☐ No All trees proposed for removal MUST be marked with YELLOW TAPE ONLY around trunk.
DO NOT MARK TREES PERMANENTLY WITH PAINT

Proposed date of tree removal: _____ Total number of trees proposed for removal: _____

Please list trees to be removed:

- | | |
|----------------------------|---------------------------|
| 1. Trunk Diameter*: _____ | Reason for removal: _____ |
| 2. Trunk Diameter*: _____ | Reason for removal: _____ |
| 3. Trunk Diameter*: _____ | Reason for removal: _____ |
| 4. Trunk Diameter*: _____ | Reason for removal: _____ |
| 5. Trunk Diameter*: _____ | Reason for removal: _____ |
| 6. Trunk Diameter*: _____ | Reason for removal: _____ |
| 7. Trunk Diameter*: _____ | Reason for removal: _____ |
| 8. Trunk Diameter*: _____ | Reason for removal: _____ |
| 9. Trunk Diameter*: _____ | Reason for removal: _____ |
| 10. Trunk Diameter*: _____ | Reason for removal: _____ |

NOTE: Please list additional trees on a separate sheet if necessary.

Trunk Diameter = Circumference of Trunk or DBH = Diameter at Breast Height, measured at 4.5ft high)



1 Municipal Plaza
Oakland, NJ 07436
Phone (201) 337-8104 ~ Ext. 3022
Fax (201) 405-7723
E-Mail: shadetree@oakland-nj.org

- Permit application does not constitute approval; do not schedule tree removal until a permit has been approved by the Borough.
- A copy of the applicant's property survey with the trees to be removed clearly located is required for this application to be considered.
- The submittal of a tree replacement plan may be required and is indicated below.
- Minimum required size of replacement trees: Deciduous replacements are required to be no less than 3.0" in caliper. Coniferous replacements are required to be 6' - 8' in height.

(See Recommended Tree List)

- No substitutions of replacement tree varieties permitted without prior Borough written approval.
- Approved permits are valid for twelve (12) months, beginning on the authorization date written below.

----- * * DO NOT WRITE BELOW THIS LINE * * -----

Permit Fee \$ _____ ☐ Cash; ☐ Check # _____

Received by staff member: _____

Tree Replacement Plan: ☐ Not Required; ☐ Required by Date: ____/____/____

☐ Previously Filed Planting of replacement tree(s): ☐ Not Required; ☐ Required, as follows:

Replacement Schedule and Mitigation Requirement

As a condition to any permit to remove any live tree, the Shade Tree Commission shall require that the applicant plant, at the applicant's expense, other trees in the place of the one(s) removed. In cases where the planting of a new shade trees in place of the one(s) removed would, in the judgment of the Property Owner or the Shade Tree Commission, not be feasible; the applicant shall be required to pay to the Borough of Oakland an amount equal to three hundred fifty (\$350.00) dollars per tree for all commercial applications. The Shade Tree Commission will then release the applicant from the requirement of planting new trees on that site.

Tree Removal Permit: ☐ APPROVED

Notes:

Authorization of Borough Representative: _____ Date: _____

----- * * DO NOT WRITE ABOVE THIS LINE * * -----

By signing the application below you are acknowledging the conditions described above for any required replacements.

Signature of Applicant: _____