

# Borough of Selinsgrove Shade Tree Commission

One North High Street  
Selinsgrove, PA 17870  
Phone (570) 374-2311

Fax (570) 374-8902

Date received: \_\_\_\_\_

Permit No. \_\_\_\_\_

## Permit Application for Tree Removal, Pruning or Planting

### Applicant Information

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

Mailing Address: \_\_\_\_\_

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

### Site and Work Information

Site Address (if different than above): \_\_\_\_\_

Reason for removal/pruning: (check one)  Endangering property  Endangering people  
 Tree in poor health  Other: \_\_\_\_\_

Work to be done by: (check one)  Owner  Contractor  Tenant  Other

Contractor Name (if applicable): \_\_\_\_\_

Contractor Address: \_\_\_\_\_

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

Expected date work will be done: \_\_\_\_\_

Tree #1 (check work to be done):

Removal  Pruning  Planting

Other (specify) \_\_\_\_\_

Diameter: \_\_\_\_\_ Species: \_\_\_\_\_

Tree #2 (check work to be done):

Removal  Pruning  Planting

Other (specify) \_\_\_\_\_

Diameter: \_\_\_\_\_ Species: \_\_\_\_\_

Tree #3 (check work to be done):

Removal  Pruning  Planting

Other (specify) \_\_\_\_\_

Diameter: \_\_\_\_\_ Species: \_\_\_\_\_

Tree #4 (check work to be done):

Removal  Pruning  Planting

Other (specify) \_\_\_\_\_

Diameter: \_\_\_\_\_ Species: \_\_\_\_\_

### Signature

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This permit expires on \_\_\_\_\_. All work and inspection shall be completed as follows:

Tree Removal: Diameter \_\_\_\_\_ Species \_\_\_\_\_

Replacement tree required: Species \_\_\_\_\_

Tree Pruning: Details of work \_\_\_\_\_

Tree Planting: Diameter \_\_\_\_\_ Species \_\_\_\_\_

New Tree Number \_\_\_\_\_ Location \_\_\_\_\_

Other: Details of work \_\_\_\_\_

APPROVED  DENIED \_\_\_\_\_