



Shade Tree Commission
 1 N. High Street
 Selinsgrove, PA 17870
 Phone: 570-238-6673
 Fax: 570-374-8902

| |
|--|
| Date Received: _____ |
| Initials of Recipient: _____ |
| Permit Number: STC -_____ - _____ <small>(year) (sequential # of permit)</small> |

PERMIT APPLICATION FOR TREE REMOVAL, PRUNING OR PLANTING

Please allow up to 2 weeks for a response.

Applicant Information

Property Owner Name: _____
 Mailing Address: _____
 Phone Number: _____
 Email Address: _____

Site and Work Information

Site Address (if different than above): _____
 Endangering Property Endangering People Tree in Poor Health
 Other: _____

Reason for removal/pruning (check one):

Owner Contractor Tenant Other: _____

Work to be done by (check one):

Expected date for work to be completed: _____

Contractor Name (if applicable): _____
 Contractor Address: _____
 Contractor Phone Number: _____
 Contractor Email Address: _____

Tree #1 (check work to be done):

removal pruning planting other (specify) _____
 Diameter Size: _____ Species: _____

Tree #2 (check work to be done):

removal pruning planting other (specify) _____
 Diameter Size: _____ Species: _____

Tree #3 (check work to be done):

removal pruning planting other (specify) _____
 Diameter Size: _____ Species: _____

PROPERTY OWNER SIGNATURE: _____
DATE: _____

| | | | |
|--|---|--|--|
| OFFICE USE ONLY: Approval date _____, permit expires on _____ | | | |
| Tree #1: <input type="checkbox"/> approved <input type="checkbox"/> denied | Replacement required - <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Tree #2: <input type="checkbox"/> approved <input type="checkbox"/> denied | Replacement required - <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Tree #3: <input type="checkbox"/> approved <input type="checkbox"/> denied | Replacement required - <input type="checkbox"/> yes <input type="checkbox"/> no | | |