

**BOROUGH OF CLARKS GREEN, PA
SHADE TREE PERMIT APPLICATION**

Property Owner Name _____

Address _____

Phone Number _____ Best time to call _____

Date _____

Please draw location of tree using street and mark location of tree with an "X".

Application is for: (Select at least one)

1) Tree Trimming

2) Tree Removal

Reason for trimming or removal:

Endangering property and/or structures

Endangering people

Tree in poor health

Other: _____

3) New Tree Planting

Approximate size of planting area (distance of curb and sidewalk):

Name, address and phone number of person or firm doing the work:

SIGNATURE of Homeowner _____

By signing, I verify that I own the tree(s) noted on the permit.

If a permit is approved for removal, a second permit for replacement is not necessary.

Tree replacement must be done within one year of removal of any tree.

Tree stumps must be removed or cut below ground level.

Please bring or
mail this completed Permit Application to the
Shade Tree Commission, 104 N. Abington Road, Clarks Green, PA 18411.

Please bring or mail this completed Permit Application to the
Shade Tree Commission, 104 N. Abington Road, Clarks Green, PA 18411.

For Shade Tree Commission use only:

APPROVED

NOT APPROVED

DATE DECISION SENT TO APPLICANT _____

SHADE TREE COMMISSION REVIEW BY

ADDITIONAL COMMENTS:

**NOTICE OF COMPLETION
SHADE TREE PERMIT
BOROUGH OF CLARKS GREEN, PA**

Mail within 5 days of work completion to:
Clarks Green Shade Tree Commission
104 N. Abington Road
Clarks Green, PA 18411.

Permit Number

Property Owner Name _____

Address _____

Phone Number _____

Date of trimming, removal or planting. _____

For Shade Tree Commission use only:

Verified by:

Date:

Comments: