

**TOWN OF BLOOMSBURG
SHADE TREE PERMIT APPLICATION**

NAME:	_____
ADDRESS:	_____
PHONE NUMBER:	_____
E-MAIL:	_____
STREET ADDRESS OF TREE:	_____

(Example)

Diagram of tree(s) location. Please mark the trees with an x and use street names.



Is this application for?

Trimming: _____ How many trees: _____

Tree Removal: _____ How many trees: _____ Measurement between curb & sidewalk (ft.) _____

If you have not checked the above two categories and wanting to plant a new tree(s) please check here: _____

Your reason for trimming or removal:

Poor Health: _____

Endangering People and/or Property: _____

Other: _____

Name of person/ company performing the work:

Address: _____

Phone Number: _____ E-Mail: _____

Per the Code of Ordinance in Chapter 25- If a permit is approved for removal, a second permit for replacement is not required. Tree replacement (if required) must be done within six months of removal of any tree. Tree stumps must be removed or cut below ground level.

Please submit form to: Town Hall, 301 E. Second Street, Bloomsburg, PA 17815.

Fax: (570) 784-1518

E-mail: info@bloomsburgpa.org

Signature of Applicant: _____

By signing, you have read this application and acknowledge the requirements of the Shade Tree Ordinance.

OFFICE USE ONLY: DATE RECEIVED: _____

APPROVED DATE: _____

DATE OF WHEN A COPY WAS SENT TO THE APPLICANT: _____