

**TOWN OF BLOOMSBURG
SHADE TREE PERMIT APPLICATION
(Applicant complete sections marked by *)**

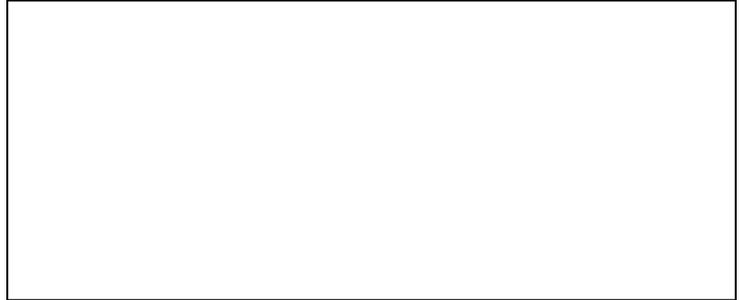
*Date _____

*Location (Street Address) of Tree or Planting Area: _____

*(Please draw location of tree using street and mark location of tree with an "X")

(Sample)

*(Actual)



*Application is for: Tree Trimming _____ Tree Removal _____ New Tree Planting _____

*Approximate size of planting area (distance between the curb and sidewalk): _____

*Is the Tree under any metallic un-insulated wires? Yes _____ No _____

*Your reason for trimming or removal: _____
_____ Endangering property and/or structures
_____ Endangering people
_____ Tree in poor health
_____ Other: _____

*Name of person or firm doing the work: _____

*Name of Tree Owner: _____

*Address of Tree Owner: _____

*Telephone Number: _____

*Signature: _____

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

**NOTE: If a permit is approved for removal, a second permit for replacement is not necessary.
Tree replacement must be done within six months of removal of any tree.
Tree stumps must be removed or cut below ground level.**

PLEASE REMIT TO: Town Hall, 301 E. Second Street, Bloomsburg, PA 17815 FAX: 570-784-1518

FOR OFFICE USE ONLY: APPROVED: _____ <small>(see remarks on reverse)</small>	NOT APPROVED: _____ <small>(see remarks on reverse)</small>
COPY SENT TO APPLICANT: _____ DATE: _____	

FOR OFFICE USE ONLY:

TREE SPECIES: _____

Review completed by:

Superintendent of Public Works:

Date Sent: _____ *(please return completed form within 7 days)* Response Date: _____

Forester:

Date Sent: _____ *(please return completed form within 7 days)* Response Date: _____

Shade Tree Commission Member:

Date Sent: _____ *(please return completed form within 7 days)* Response Date: _____

SHADE TREE COMMISSION REVIEW _____ AND ADDITIONAL COMMENTS:
(Date)