TOWN OF BLOOMSBURG- SHADE TREE PERMIT APPLICATION
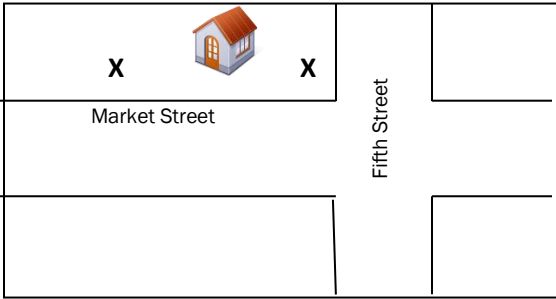
NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

STREET ADDRESS OF TREE: _____

(Example)

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

X   🏠   X

Market Street

Fifth Street

Please check what your intent is:

Trimming: _____ How many trees: _____

Tree Removal: _____ How many trees: _____

Measurement of lawn between curb & sidewalk (ft.)_____

Per the Code of Ordinance in Chapter 25, tree(s) replacement must be done within six months of removal of any tree. Tree stumps must be removed or cut below ground level.

Reason for trimming or removal:

Poor Health: _____

Endangering People and/or Property: _____

Other: _____

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

Name of person/ company performing the tree work: _____

Address: _____

Phone Number: _____ E-Mail: _____

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.