

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

Property Owner Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

Email Address \_\_\_\_\_ 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):

\_\_\_\_\_

Contractor Name \_\_\_\_\_

Phone Number \_\_\_\_\_ License Number \_\_\_\_\_

Contractor's signature \_\_\_\_\_

\* By signing, I verify that I understand:

Trees are not to be "topped"

Tree stumps must be removed or cut below ground level.

PROPERTY OWNER'S SIGNATURE \_\_\_\_\_

\*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.

Trees are not to be "topped"

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

**Tree stumps must be removed or ground 18" below ground level.**

After work for which the permit was granted, has been completed, a Notice of Completion shall be given within five days to the Shade Tree Commission for subsequent inspection.

**For Shade Tree Commission use only:**

DATE DECISION SENT TO APPLICANT \_\_\_\_\_

DATE NOTICE OF COMPLETION LETTER RECEIVED \_\_\_\_\_

DATE OF INSPECTION \_\_\_\_\_

- APPROVED
- NOT APPROVED

SHADE TREE COMMISSION REVIEW BY

ADDITIONAL COMMENTS:

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

Mail within 5 days of work completion to:  
Clarks Summit Shade Tree Commission  
304 South State Street  
Clarks Summit, 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: