

**This Area For Office Use Only**

Property Address \_\_\_\_\_ Shade Tree Permit # \_\_\_\_\_

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Deadline to Complete Tree Work \_\_\_\_\_

**The Shade Tree Commission of the Borough of Lewisburg  
55 South Fifth Street, Lewisburg, Pennsylvania 17837 • (570) 523-3614**

## SHADE TREE PERMIT APPLICATION

A separate application is required for each tree.

See Lewisburg Shade Tree Procedures online for full information:

<https://www.lewisburgborough.org/community/shade-tree-information/#toggle-id-3>

The Shade Tree Commission's monthly voting meetings are held on the third Monday of each month at 5 pm in the Lewisburg Borough Council chambers located at 55 South Fifth Street. Shade Tree Permit Applications received by the Borough Secretary at the above address or emailed to office@lewisburgborough.org no later than 4pm on the first Monday of the month ensures your application will be reviewed at the next meeting.

### Applicant Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

### Property Owner Information *(if different from applicant)*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

### Tree Work Location

\_\_\_\_\_  
*(Street address of tree work location)*

In box at right, describe and provide a simple sketch of the **exact** location on the property where the removal and/or planting is proposed.

Tree Work Application is for a permit to:

Tree Removal: Species of Tree \_\_\_\_\_  
Reason for removal: \_\_\_\_\_

Plant: Size & Species of Tree \_\_\_\_\_

Provide the following detailed information:

Who will perform the work? **Tree Removal**

**Contractor's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ Email: \_\_\_\_\_

Who will perform the work? **Stump Removal**

**Contractor's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ Email: \_\_\_\_\_

Who will perform the work? **Tree Planting**

**Contractor's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ Email: \_\_\_\_\_

**Please include a copy of the contractor's liability insurance with your application.**

Contractors are required to have liability insurance to perform work in the Borough of Lewisburg.

**Dial 811 or 1-800-248-1786 PA OneCall at least three (3) business days before beginning any digging or excavation project.** All owners or contractors, on the owner's behalf, are required by law to have underground utility lines marked prior to digging, no matter how big or small the project.

**Notice & Signature**

I hereby certify that I am authorized to submit this Permit Application as the property owner or on behalf of the property owner with their knowledge. I confirm that the information contained herein is true and accurate to the best of my knowledge. I agree to hold harmless the Borough of Lewisburg, its agents, officers and employees for any damage or injury caused by the planting, placement, maintenance or removal of street trees and that I shall be solely liable for any such damages. **I acknowledge and agree that replanting is a condition of removing street trees and that I am responsible for the successful establishment of the replanted tree(s).** I agree that non-compliance with the conditions or deadline of the Shade Tree Permit & Permit Addendums may result in the Shade Tree Commission notifying the property owner and authorizing the Borough to do the work and charge all costs associated with the work to the property owner. I understand that work is not to proceed until/unless a Shade Tree Permit has been issued.

Applicant/Owner's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_