



# UPPER SAUCON TOWNSHIP



## Supplemental Tree Cutting Form

**THIS FORM WILL ONLY BE ACCEPTED WHEN ATTACHED TO A ZONING PERMIT APPLICATION**

### TYPE OF TREE REMOVAL

- Building/Driveway Area     Other Residential     Construction Site Work     Dead/Diseased\*
- Timber Harvest     Emergency/Property Damage     Utility/Drainage     On-Lot Sewage Area
- Other: \_\_\_\_\_

\*Any dead/diseased trees proposed for removal in excess of the number permitted in Section 516.C shall be accompanied by a certification letter from an IAS certified arborist as noted in Section 516.C.2

Lot Size: \_\_\_\_\_ acres      Number of trees marked: \_\_\_\_\_

How is tree marked: \_\_\_\_\_      Removal Date: \_\_\_\_\_

Contractor: \_\_\_\_\_      Contractor Phone No. \_\_\_\_\_

Contractor Address: \_\_\_\_\_

**NOTE: YOU MAY ATTACH A MAP, DIAGRAM, OR COMMENTS TO HELP TOWNSHIP STAFF LOCATE SUBJECT TREES. APPLICANT IS RESPONSIBLE FOR ACCURACY OF INFORMATION PROVIDED AND FOR COMPLYING WITH ALL ZONING ORDINANCE REQUIREMENTS.**

### (Township Use Only)

Marking Date: \_\_\_\_\_      Paint Color: \_\_\_\_\_

Number of Trees Marked: \_\_\_\_\_      Diameter Range: \_\_\_\_\_

Comments: \_\_\_\_\_

Environmental Officer Signature: \_\_\_\_\_      Date: \_\_\_\_\_