

TREE REMOVAL PERMIT APPLICATION

LOCATION OF PROPOSED TREE REMOVAL:

Property Address: _____ Tax PIN _____

Applicant: _____ Phone # _____ Cell # _____

Mailing Address: _____ Email _____

Lot Size: _____

Property Owner (if different than applicant): _____

TYPE OF TREE REMOVAL:

Number of Trees Marked: _____ Proposed Removal Date: _____

Type of Tree Marking: _____

Contractor: _____ Contractor Phone #: _____

Contractor Address: _____

All tree removal shall be in accordance with applicable provisions of the Upper Saucon Township Zoning Ordinance:

- Emergency Tree Removal per Section 516.B Non-Emergency Tree Removal per Section 516.C.1
- Construction Related Tree Removal per Section 516.D (construction of principal or accessory buildings or structures)
- Dead/Diseased/Dangerous Tree Removal per Section 516.C.2 ***
- Timber Harvest per Section 517

*** Applications for removal of dead, diseased or otherwise dangerous trees in excess of the number permitted by Section 516.C.1 MUST be accompanied by a letter from an IAS Certified Arborist certifying that the condition of the tree(s) is as stated.

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

To the best of my knowledge and belief, all information on this application is true, correct, and complete and with the understanding that any false statement is subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to "Unsworn Falsification to Authorities".

Applicant's Signature _____ Date _____

Print Name _____

TOWNSHIP USE ONLY

Marking Date: _____ Paint Color: _____

Number of Trees Marked: _____ Diameter Range: _____

Comments:

Tree Removal Permit #: _____ Date Issued: _____

ZONING OFFICER: _____ Fee \$: _____