

Borough of Conshohocken
1 West First Ave., Suite 200
Conshohocken, PA 19428
Phone (610) 828-1092 Fax (610) 828-0920

TREE WORK PERMIT APPLICATION

PERMIT # _____

For Office Use Only	
Date Application Received: _____	
Parcel # 0-500- _____	
Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>	
Date Permit Issued: _____	Issued By _____

Location of tree on property: _____

Request to:
 Prune _____ Plant _____ Remove _____ (Note: stump must be removed within 60 days – Tree Ordinance #10-1993)

Tree Species _____ Approximate Age of Tree _____ Overall Condition of Tree _____

Reason for pruning/removal: _____

PLEASE INCLUDE A SITE PLAN SHOWING TREE LOCATION ON PROPERTY & ATTACH PHOTO OF TREE

Contractor's Business Name: License # _____ or applying today - (please check) Contact Person's Name:	Property owner acting as a contractor Yes or No Property Owner's Name:
Street Address	Street Address
City, State & Zip	City, State & Zip
Daytime Phone	Daytime Phone
Cell Phone	Cell Phone
Best time to call:	Best time to call:

All work must comply with Shade Tree Ordinance and is limited to only that work authorized in this Permit. Failure to comply may cause revocation of Permit and or fine.

 Signature of Owner

 Date

