



BOROUGH OF CONSHOHOCKEN  
 400 Fayette Street, 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- _____	
Date Permit Issued: _____	Issued By _____

Location of Tree: \_\_\_\_\_

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

Describe work to be done or tree(s) to be planted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PLEASE COMPLETE SKETCH ON REVERSE SIDE OF APPLICATION

Contractor's Business Name:	Property owner acting as a contractor <input type="checkbox"/> Yes or <input type="checkbox"/> No
License # _____ or applying today - <input type="checkbox"/> (please check)	Property Owner's Name:
Contact Person's Name:	
Street Address	Street Address
City, State & Zip	City, State & Zip
Daytime Phone	Daytime Phone
Cell Phone	Cell Phone

**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

