



Borough of Wellsboro
 Wellsboro Shade Tree Commission
 14 Crafton St.
 Wellsboro, PA 16901
 570.724.3186

Location of Tree(s): _____
Street address

Species/Description of Tree _____

Scope of Work to be performed:

A. Removal and/or Planting (place X in appropriate space)

Remove Tree & Stump _____ Reason _____

Plant Tree _____ Species _____

Exact Location of Tree to be planted _____

Note: Refer to "Street Tree Factsheets" for recommended and approved tree species.

B. Pruning of Trees (place X in appropriate space)

Prune Trees _____ Number of Trees _____

Reason for Pruning _____

Type of Pruning _____

_____ Crown Raising (pruning lower limbs for clearance).

_____ Crown Cleaning (removing deadwood for tree health & safety).

_____ Crown Thinning (no more than 25% of live crown shall be removed).

_____ Crown Reduction for utility clearance.

Note: In accordance with Section 5C-2 of the Wellsboro Shade Tree Ordinance, all tree pruning shall conform to ANSI A300-1995 Pruning Standards "Trees, Shrubs, and Other Woody Plant Maintenance-Standard Practices;" and the latest revision of the ANSI Z133-1 "Safety Requirements for Pruning, Trimming, Repairing, Maintenance, Removing Trees and for Cutting Brush." A copy of both documents are on file in the Borough Office.

Application is hereby made to conduct the operations stated above. If a permit is granted, I/we agree to perform all work in accordance with all specifications, rules and standards as set forth in the Wellsboro Shade Tree Ordinance. **The permit is valid for 120 days.**

Property Owner _____

Address _____

Signature _____ **Date** ____/____/____

Landscape Contractor Performing Work _____

Contractor's Signature _____ **Date** ____/____/____

Commission Use Only:

PERMIT IS HEREBY: GRANTED _____ **DENIED** _____ **DATE** ____/____/____

SIGNATURE SHADE TREE REPRESENTATIVE _____