

**BOROUGH OF CLARKS SUMMIT, PA  
SHADE TREE PERMIT APPLICATION**

Property Owner Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

Date \_\_\_\_\_

Please draw location of tree using street and mark location of tree with an "X".

\_\_\_\_\_

\_\_\_\_\_

**Application is for:** (Select at least one)

1) Tree Trimming

2) Tree Removal

Reason for trimming or removal:

Endangering property and/or structures

Endangering people

Tree in poor health

Other: \_\_\_\_\_

3) New Tree Planting

Approximate size of planting area (distance of curb and sidewalk):

\_\_\_\_\_

**Name, address and phone number of person or firm doing the work:**

\_\_\_\_\_

**SIGNATURE of Homeowner** \_\_\_\_\_

By signing, I verify that I own the tree(s) noted on the permit.

If a permit is approved for removal, a second permit for replacement is not necessary.

Tree replacement must be done within one year of removal of any tree.

Tree stumps must be removed or cut below ground level.

Please bring or mail this completed Permit Application and a check for \$25 to the Shade Tree Commission, 304 South State Street, Clarks Summit, PA 18411.

**For Shade Tree Commission use only:**

- APPROVED
- NOT APPROVED

DATE DECISION SENT TO APPLICANT \_\_\_\_\_

SHADE TREE COMMISSION REVIEW BY

ADDITIONAL COMMENTS:

**NOTICE OF COMPLETION  
SHADE TREE PERMIT  
BOROUGH OF CLARKS SUMMIT, PA**

Mail within 5 days of work completion to:  
Clarks Summit Shade Tree Commission  
304 South State Street  
Clarks Summit, PA 18411

Permit Number

Property Owner Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of trimming, removal or planting. \_\_\_\_\_

**For Shade Tree Commission use only:**

Verified by:

Date:

Comments: