

Borough of Wellsboro
Wellsboro Shade Tree Commission
Application for Work Permit
14 Crafton Street
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, and Removing Trees and for Cutting Brush." Copies 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. Commission will act within 3 business days of submission date.**

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 _____