



**Borough of Gettysburg
Shade Tree Commission**

Application for Tree Permit

To be completed by applicant:

Name _____		Date _____	
Address _____		Phone _____	

Actual Location of Work _____			
Date work is scheduled to begin _____			
<input type="checkbox"/> Tree(s) to be trimmed			
<input type="checkbox"/> Tree(s) to be planted		Quantity _____	
		Variety _____	
<input type="checkbox"/> Tree(s) and Stump(s) to be removed			
Name of Contractor _____			
Address _____			

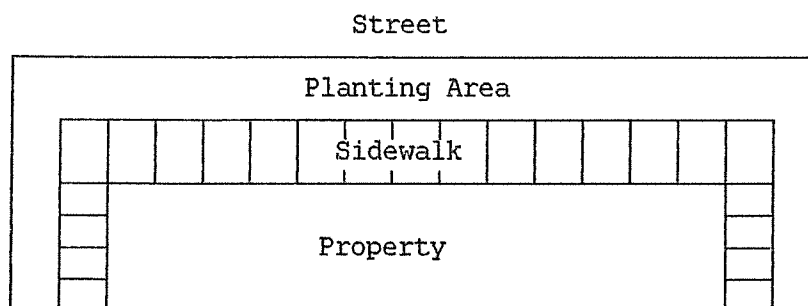
Phone _____		Certificate of Insurance attached _____	
 <i>Permit will become invalid if work is not complete within 90 days.</i>			
Signature of Applicant _____			

To be completed by Shade Tree Commission:

☐

Approved

Conditions _____

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Disapproved

Reason _____

Date: _____

Shade Tree Commission _____

Shade Tree Commission Final Inspection

Date Completed _____

Shade Tree Commission _____