Borough of Gettysburg
Shade Tree Commission
Application for Tree Permit

To be completed by the applicant: ____________________________ Date: ____________________________

Name: ____________________________
Address: ____________________________
Phone: ____________________________

Actual location of work: ____________________________
Date work is scheduled to begin: ____________________________
Number of trees to be trimmed: ____________________________
Number of trees and stumps to be removed: ____________________________
Number and variety of trees to be planted: ____________________________

Name of contractor: ____________________________
Address: ____________________________
Phone: ____________________________

Attach insurance information.
Permit will become invalid if work is not complete within 90 days.

Signature of applicant: ____________________________