

**West Pittston Shade Tree Commission**  
**555 Exeter Avenue**  
**West Pittston PA 18643**



West Pittston Shade Tree Commission  
Application for Tree Pruning

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Description, Size and specific location of tree(s) to be pruned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Crown raising (pruning lower limbs for clearance).
- Crown cleaning (removal of dead wood for tree health and safety).
- Crown thinning/reduction (for utility clearance-no more than 25% live crown to be removed).

Application is hereby made to conduct the above stated. If permit is granted, I (we) agree to perform all work in accordance with all specifications, rules and standards set forth in West Pittston Municipal Code §159. The permit is valid for one (1) year from the date of issue.

Name of Contractor: \_\_\_\_\_

\_\_\_\_\_

Signature of applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

-----

For West Pittston Shade Tree Commission Use Only

Date of Inspection: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Approved: Yes No (Circle)