

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



**West Pittston Shade Tree Commission
Application for Tree Removal**

Name: _____

Address: _____

Email Address: _____

Phone: _____

Description, Size and specific location of tree(s) to be removed: _____

In accordance with § II 159.6 of West Pittston Municipal Code, applicant must post a deposit of \$100.00 for each tree removed. All trees removed must be replaced with a WPSTC approved tree within one (1) year or the deposit will be forfeited to tree replacement.

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: y/n