



North Wales Borough
 300 School Street
 North Wales, PA 19454
 Phone: 215-699-4424
 Fax: 215-699-3991
www.northwalesborough.org

SHADE TREE PERMIT APPLICATION

APPLICANT INFORMATION

Removal Fee: \$25.00

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name of Representative(s) Scheduled to Attend the Meeting:

Phone Number: _____ Email: _____

NOTE: The Owner or Representative must attend the Shade Tree Commission meeting and be prepared to answer specific questions about the proposed tree work. Failure to attend the meeting may result in a continuance until the next month. Failure to attend a second time may result in denial of the application.

CONTRACTOR INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

TREE INFORMATION

Type of Work:	<input type="checkbox"/> Tree Removal	Number to be Removed: _____
	<input type="checkbox"/> Tree Trimming	Number to be Trimmed: _____
	<input type="checkbox"/> Tree Planting	Number to be Planted: _____

Description and Location of Tree(s) (If removal, please provide a reason):

FOR BOROUGH USE ONLY

Updated: 09/19/2024

STC Meeting Date: _____

Approved:

yes / no

Comments:
