

Leechburg Shade Tree Commission

Permit Application

(Note: All decision will be made on a case-by-case basis)

Name: _____

Address: _____

I am the property owner ()
renter. ()
other ()

Phone Number: _____

1. I am requesting to : (circle one)

Plant Transplant Trim Remove Root Prune

2. Number of trees: _____ Location of trees: _____

3. Reason for request: _____

4. Species of tree(s) to be trimmed/removed: _____

5. Species of tree(s) to be planted/transplanted: _____

*Note: Tree species must be approved by the Shade Tree Commission **before** being planted.*

Pre-approved trees: Serviceberry and Redbud

Signature of Requestor: _____ Date: _____

A \$100.00 deposit is required to purchase a replacement.

Deposit received by: _____ Date: _____

Approved by: _____ Date: _____

Permit effective for _____ days.

The Shade Tree Commission recommends planting new trees from March to May or September to November. Work should be completed within two planting cycles.