BRISTOL BOROUGH REQUEST FOR PERMISSION TO REMOVE SHADE TREE(S)

Phone: 215-785-4501

BRISTOL BOROUGH 250 Pond Street, Bristol, Pa 19007

Date:
Location of tree(s) removal:
Reason for tree(s) removal:
Date you would like to remove tree(s):
Date you would like to remove tree(s):
OF THE SHADE TREE(S) OWNER MUST SIGN THE SECOND PAGE OF THIS APPLICATION
Replacement Shade Tree you are replanting:
(The Borough May refuse a permit to plant any species of tree which
<u>in its opinion is not suited to the location)</u>
<u>*YOU MUST FOLLOW THE BOROUGH REQUIREMENTS FOR REPLACEMENT SHADE TREES*</u>
Owner's Name:
Address:
City. State. Zip:
City, State, Zip: Phone Number: <u>Email:</u>
**Owner must sign the attached affidavit attesting to planting a replacement shade
tree**
Name of Applicant:
Address:
City, State, Zip:
Phone Number: <u>Email:</u>
Name of Company removing troo(s):
Name of Company removing tree(s):Address:
City, State, Zip:
Phone Number: <u>Email:</u>
Signature of Applicant:
Do not write below this line:
Date of inspection:
Name of Inspector:
Permitted to remove tree: Yes No
Comments:

Please be advised, if you must replace the sidewalk, a building permit is required for same

SHADE TREE(S) REMOVAL AFFIDAVIT

NOTICE

As a condition of approval to remove a shade tree(s), the property owner is required by Ordinance to replace the shade tree(s) with a type of tree permitted under Borough Regulations within six (6) months of the date of removal (see attached list of suggested trees permitted).

CONCENT

<u>co</u> 1	INSLINI
(Owner Name)	ing the owner of the property located at, Bristol Borough, as a condition of Bristol
Borough approving the removal of a shad	e tree(s), hereby agree(s) to plant a
replacement tree(s) in the same location w	vithin six months in accordance with
Borough Ordinances and Regulations.	
	Property Owner Signature
Witness:	

WHEN YOU PLANT THE NEW TREE, PLEASE CALL THE BOROUGH AT 215-785-4501 OR SEND AN EMAIL TO: sbellaspica@bristolboro.com