BOROUGH OF CONSHOHOCKEN
400 Fayette Street, Suite 200 Conshohocken, PA 19428
Phone (610) 828-1092 Fax (610) 828-0920

TREE WORK PERMIT APPLICATION

PERMIT #_____

For Office Use Only
Date Application Received:

Parcel # 0-500- _____

Date Permit Issued:_____ Issued By _____

Location of Tree: _____

Request to: Prune _____Plant _____ Remove_____ (note: stump must be removed within 60 days – Tree Ordinance #10-1993)

Describe work to be done or tree(s) to be planted: _____

_____

_____

PLEASE COMPLETE SKETCH ON REVERSE SIDE OF APPLICATION

Contractor's Business Name: License #_____ or applying today - ☐ (please check) Contact Person's Name:	Property owner acting as a contractor ☐ Yes or ☐ No Property Owner's Name:
Street Address City, State & Zip	Street Address City, State & Zip
Daytime Phone	Daytime Phone
Cell Phone	Cell Phone

All work must comply with Shade Tree Ordinance and is limited to only that work authorized in this Permit. Failure to comply may cause revocation of Permit and or fine.

_____ _____
Signature of Owner Date

Revised 2/3/2016