

Upper Dublin Township Shade Tree Commission

TREE PRUNING / REMOVAL APPLICATION

Requested By: _____

1. Property Owner's Name: _____

2. Property Owner's Address: _____

3. Property Owner's Phone: _____ Best time to call: _____

4. Location of Tree on Property: _____

5. Tree Species: _____

6. Approximate Age of Tree: _____ Diameter (DBH) of Tree Trunk _____

7. Overall Condition of Tree: _____

8. Reason for Tree Pruning/Removal: _____

9. Describe Proposed Tree Pruning (attach photo of tree): _____

10. Property Owner's Signature: _____ Date: _____

11. Contractor's Name: _____

12. Contractor's Signature: _____

Mail completed application to:

Andrew Fowler, Upper Dublin Township, 801 Loch Alsh Avenue, Fort Washington, PA 19034-1697

Questions: afowler@upperdublin.net or 215-643-1600 x3335

(For Internal Use Only)

Approved Approved with Conditions Disapproved

Reviewed By: _____ Date: _____