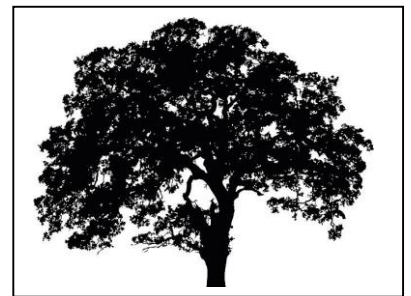


**Borough of Wellsboro
Wellsboro Shade Tree Commission
Application for Work Permit**

14 Crafton Street
Wellsboro, Pa. 16901
(570) 724-3186



Name _____ e-mail _____

Address _____ Telephone _____

Location of Tree: _____
Street address

Species/Description of Tree: _____

Scope of Work to be performed: *(place a check in the appropriate circle).*

- Crown Raising (pruning lower limbs for clearance).
- Crown Cleaning (removing deadwood for tree health & safety).
- Crown Thinning (no more than 25% of live crown shall be removed).
- Crown Reduction for utility clearance.
- Remove Declining tree and stump
- Planting _____ Species _____
Location of tree to be planted
- Residential Hazard Tree Removal Incentive: Tree must meet arboricultural standards for hazard identification. Maximum of \$300 municipal contribution upon completion of work. Work to include stump removal, chip removal, top soil and grass seed reclamation of tree lawn.

In accordance with Section 5C-2 of the Wellsboro Shade Tree Ordinance, all tree pruning shall conform to ANSI A300-1995 Pruning Standards "Trees, Shrubs, and Other Woody Plant Maintenance-Standard Practices;" and the latest revision of the ANSI Z133-1 "Safety Requirements for Pruning, Trimming, Repairing, Maintenance, and Removing Trees and for Cutting Brush."

Copies of both documents are on file in the Borough Office.

Application is hereby made to conduct the operations stated above. If a permit is granted, I/we agree to perform all work in accordance with all specifications, rules and standards as set forth in the Wellsboro Shade Tree Ordinance. The permit is valid for 90 days.

Signature _____ Date ____/____/____

Landscape Contractor Performing Work _____

Contractor's Signature _____ Date ____/____/____

Commission Use Only:

PERMIT IS HEREBY: GRANTED _____ DENIED _____ DATE ____/____/____

SIGNATURE SHADE TREE REPRESENTATIVE _____