East Pikeland Township

TREE REMOVAL INFORMATION FOR RESIDENTIAL PROPERTIES

Date: _____ Tax Parcel No. _____

Name of Property Owner: _____

Property Address: _____

Phone No. _____

- **Description of Work** (include a list of all trees to be removed that are 6 inches or greater in diameter measured at 4 feet above the ground): _____

  _____

  _____

- **Purpose of Tree Removal** (i.e. new construction, street, or road construction, utility easement, driveway construction, etc…) _____

_____

- **Tree Removal Work to be completed by**: [] Property Owner

  [] Contractor

If a Contactor is being used, please provide name of company, phone number and a contact person:

_____

_____

PLEASE PROVIDE A DIAGRAM OF THE PROPERTY INDICATING LOCATION OF TREES TO BE REMOVED. ALL TREES THAT ARE TO BE REMOVED SHALL BE MARKED AND CLEARLY IDENTIFIED ON THE SITE SO THAT THE ZONING OFFICER CAN CONDUCT A SITE INSPECTION PRIOR TO PROCESSING APPLICATION.

Applicant certifies that all information given is correct and will be complied with in performing the work for which this permit is issued. Work must begin within one (1) year of permit issuance or the permit shall become invalid.

_____ _____

Signature of Applicant Date