



ALLENTOWN STREET TREE PERMIT APPLICATION

City of Allentown

Department of Public Works

Applicant: Property owner Tree Contractor Date: _____

The applicant hereby agrees to observe all applicable City specifications, standards, rules, regulations, and ordinances under which the permit is issued.

Property Owner Name: _____ Phone # _____

Complete Address: _____

Property Contact Information: _____ Contact name and address if different from property owner above (such as property manager, association head, renter, etc.) If same as property owner above, write "same".

Phone # _____ Email: _____

PERMIT ADDRESS & ZIP CODE (location of tree work/project) _____ Did property owner receive violation notice? YES NO Letter Reference # _____

Number of Trees to be worked on: _____ Permit cost is \$10 per tree.

Reasons for work:

Pruning: Crown cleaning, Crown elevation, Crown restoration, Crown reduction, Young tree structural, Defective part, Clear infrastructure

Removal: Dead, Declining, Diseased, Damaged, Infrastructure conflict

Other: Explain

Check Permit Type:

Remove Tree: # of Tree (includes stump grinding): _____ Species: _____

(Note: All removals require replacement within 12 months of the issue date on the removal permit. An additional planning permit is not required if the tree is replaced with the specified time period)

Prune: # of trees: _____ Species: _____

Plant: # of trees: _____ Species: _____

Utility Pruning: Circuit or Job Number: _____

Root Prune: # of trees: _____ Species: _____



Pesticide/Fertilizer or other Application: # of trees: _____ Species: _____

Grind Existing Stump: # of Stumps: _____ (Applies to stumps only, such as those left from illegal removals, storm damage, emergencies)

PA One Call 1-800-242-1776 # _____

Reason For Work: _____

******IF REQUESTING REMOVAL OF A TREE BECAUSE OF SIDEWALK DAMAGE OR HEAVING, YOU MUST INCLUDE AN ENGINEERING WORK ORDER PERMIT NUMBER ON THIS APPLICATION******

Engineering Work Order Permit: # _____

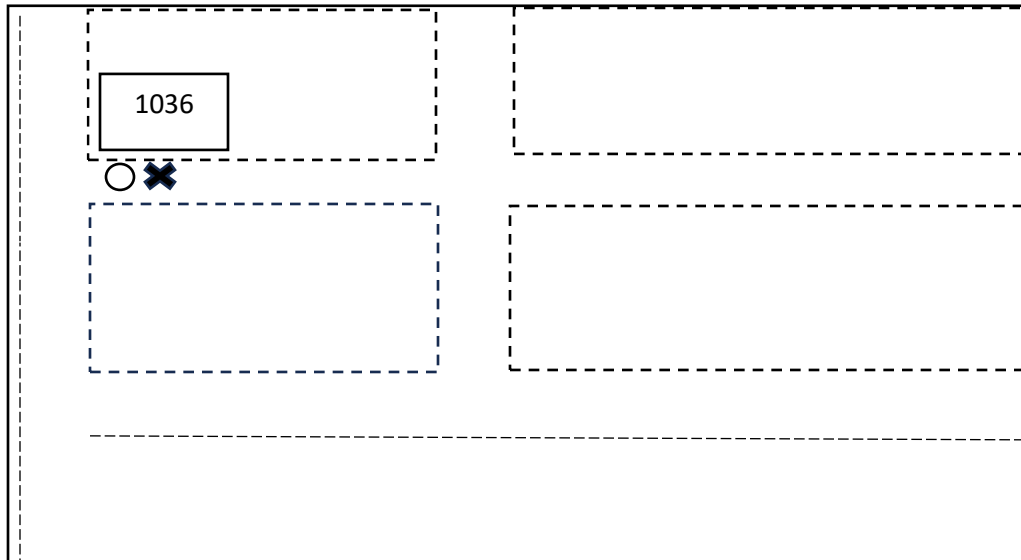
Work Location:

Required Sketch: Draw a detailed description of proposed work. Identify all trees, streets, and buildings associated with property. Include North arrow.

Legend:

- Existing Tree to remain
- Existing Tree to be removed
- Tree to be Planted
- Existing Tree to be pruned

Example:





ARBORIST INFORMATION:

Company Name: _____ ISA Certification ID # _____

Licensed Arborist Name: _____ Signature: _____

Phone # _____ Email _____

NOTICE TO APPLICANTS

All requests are subject to approval by the City of Allentown. By signing this application, the PROPERTY OWNER AND CONTRACTOR agrees to the rules and regulations as set for in Article 911 of the 1962 Codified Ordinances. **PROPERTY OWNER acknowledges the requirement to plant replacement tree(s) within 12 months of the issue date on the permit.** Replacement trees not planted within 6 months of the issue date on the removal permit or replacement that do not meet City standards may be replaced by the City. An administration fee plus all other costs associated with the replacement shall be the responsibility of the owner on record. Whoever violates any provision of City Ordinances, shall upon conviction thereof, be subject to all associated fines, costs, fees, and penalties. In the case of permittee's violation of the provisions of these ordinances, the individual designated upon the permit as the owner of the property shall be considered the violator.

I hereby certify that all information on this form is correct and accurate. I acknowledge I have read and understand the General Rules pertaining to the Street Tree Permit Application. Any error, misstatement, or misrepresentation with or without intention can result in revocation of this permit. I agree to indemnify and hold harmless the City of Allentown, its employees, agents, officials, representatives, attorneys and assigns from any and all liability, both negligent and non-negligent arising directly or indirectly out of any activities that occur in connection with this event, or out of the acts, errors, or omissions of the undersigned.

Property Owner:

Print Name: _____

Signature: _____ Date: _____



FOR USE BY CITY OF ALLENTOWN ONLY – PERMIT INSPECTION REPORT

Date received: _____ Permit inspection date: _____

Permit approved: Permit denied: Date: _____

Replacement: _____

Instruction/Comments: _____

Results: _____

Related Case Number: Tree Request # _____

Permit Reference #: _____

City Forester: _____ Date: _____

Issued by: _____ Date: _____

Date Application Notified: _____ phone ___ mail ___ fax ___ e-mail ___ other ___

Permit Expiration: 60 days 6 Months