

MUNICIPALITY OF KINGSTON SHADE TREE COMMISSION
500 WYOMING AVENUE, KINGSTON PA 18704 570-288-4576

TREE REMOVAL

DATE: _____ REASON FOR REMOVAL: _____

NAME/ADDRESS/TELE # OF PROPERTY OWNER: _____

NAME/ADDRESS/TELE # OF TREE REMOVAL SERVICE: _____

CONTRACTOR LICENSE NUMBER: _____

NOTE: In accordance with Section 167.6 Kingston Code, applicant must post a deposit of \$100.00 for each tree removed. All requests for tree removal shall meet with the Shade Tree Committee on a designated date. All trees that are removed must be replaced with an approved tree within one (1) year or the deposit will be forfeited to tree replacement.

I HEREBY CERTIFY THAT THIS APPLICATION IS A TRUE REPRESENTATION OF ALL FACTS CONCERNING THE PROPOSED TREE REMOVAL ACTIVITY. THIS APPLICATION IS MADE WITH MY APPROVAL AS OWNER AS EVIDENCED BY MY SIGNATURE BELOW. FOR THE DURATION OF THE TREE TRIMMING PERMIT, I ASSUME LEGAL RESPONSIBILITY FOR ANY AND ALL VIOLATIONS OF THE MUNICIPALITY OF KINGSTON AND PERMIT CONDITIONS ON THE PROPERTY DESCRIBED ABOVE.

SIGNATURE

SPECIES _____ TREE LAWN _____ WIRES _____

HEALTH _____ DBH _____ OTHER _____

GRANTED _____ DENIED _____

DATE _____ SIGNATURE: _____