

TREE WORK PERMIT APPLICATION

Borough of Indiana Shade Tree Commission

Please Print Clearly or Type Information

Attach extra sheets for further explanations and drawings, if necessary.

Date of Application: _____

Name of Applicant: _____ **Telephone:** _____

Address of Proposed Project: _____
Street Address City, State Zip

Name of Lot Owner: _____ **Relationship to Owner:** _____

Address: _____
Street Address City, State Zip Lot Owner Telephone

Type of Work – Circle Item(s)

Remove	Prune	Plant	Fertilize
Apply Pesticide	Root Prune	Excavate in Root Zone	
Other: _____			

Tree(s) Affected: (species, approx. size, and number) _____

Reason for the Request: _____

Who will perform the work: Owner _____
Printed Name Signature

Contractor _____
Business Name Signature

Address and Telephone Number if Different from Project Address: _____

By signing this application you agree that all work will conform to the Rules & Regulations for Arbor Work available on-line or from the Department of Zoning and Code Enforcement. If this permit is granted, your signature is an agreement to abide by the procedures in the Rules & Regulations for Arbor Work. The permit will be valid for 90 days from date of approval and must be displayed on the front door, or on a window adjacent to the front door. A response to this request will be provided within a reasonable amount of time, not to be more than 45 days under normal circumstances.

All work must comply with the Borough Rules and Regulations for Arbor Work, in addition to The International Society of Arboriculture's Publication: *Best Management Practices – Tree Pruning*. If found in violation you may be subject to § 8 Violation and Penalties of Ch. 427 of The Code of the Borough of Indiana.

Administration Use Only

ADMINISTRATIVE ACTION: APPROVED _____ DENIED _____

Date Received: _____

Date Inspected (Attach Inspector's Report): _____

Date Permit Issued: _____

Date Work Completed: _____

Signature of Inspector: _____ **Date:** _____