

**MUNICIPAL TREE AND RIGHT OF WAY WORK PERMIT APPLICATION
SHADE TREE COMMITTEE**

BOROUGH OF SOUTHMONT
148 WONDER STREET
JOHNSTOWN, PA 15905

CONTACT INFORMATION

Requested By: _____

Date _____

Address: _____

Phone No. _____

Email Address: _____

TREE LOCATION/INFORMATION

Exact Location: _____

Tree(s) Affected (Species, Size & Number): _____

Detailed Description of Work or Reason for Request: _____

ACTION REQUESTED

____ Tree Pruning

____ Stump Grinding

____ Tree Removal

____ Tree Replacement

____ Other (Specify): _____

Office Use Only:

NAME OF INSPECTOR: _____

DATE OF INSPECTION: _____

____ APPLICATION APPROVED

____ APPLICATION DENIED (SPECIFY): _____

Permittee Signature

Shade Tree Committee Chairperson Signature