Shade Tree Commission
1 N. High Street
Selinsgrove, PA 17870
Phone: 570-374-2311
Fax: 570-374-8902

Date Received: _____
Initials of Recipient: _____
Permit Number: **STC-**_____(year)-_____(sequential # of permit)

PERMIT APPLICATION FOR TREE REMOVAL, PRUNING OR PLANTING

Please allow up to 2 weeks for a response.

Applicant Information

Property Owner Name: _____
Mailing Address: _____
Phone Number: _____
Email Address: _____

Site and Work Information

Site Address (if different than above): _____
Reason for removal/pruning (check one):

____ Endangering Property ____Endangering People ____ Tree in Poor Health
____ Other: _____

Work to be done by (check one):

____ Owner ____ Contractor ____ Tenant ____ Other: _____

Expected date for work to be completed: _____

Contractor Name (if applicable): _____
Contractor Address: _____
Contractor Phone Number: _____
Contractor Email Address: _____

Tree #1 (check work to be done):
____ removal ____ pruning ____ planting ____ other (specify) _____
Diameter Size: _____ Species: _____

Tree #2 (check work to be done):
____ removal ____ pruning ____ planting ____ other (specify) _____

Diameter Size: _____ Species: _____

Tree #3 (check work to be done):
____ removal ____ pruning ____ planting ____ other (specify) _____
Diameter Size: _____ Species: _____

PROPERTY OWNER SIGNATURE: _____
DATE: _____

OFFICE USE ONLY: Approval date _____, permit expires on _____
Tree #1: ____ approved ____ denied Replacement required - ____ yes ____ no
Tree #2: ____ approved ____ denied Replacement required - ____ yes ____ no
Tree #3: ____ approved ____ denied Replacement required - ____ yes ____ no

If a tree replacement is required and you wish to have your name on Spring or Fall Tree Planting List for a free tree, please let the STC know to add you to the list. Otherwise, you may get a tree from wherever you choose.

Revised 5-24-23