

Township of Palmer

3 Weller Place
Palmer, PA 18045
610.253.7191 office
610.253.9957 fax



Permit Application for Tree Removal

BACKGROUND

Trees are a natural resource that improves air quality, lowers air temperature, reduces storm water runoff, raises property values, and contributes to the biodiversity and aesthetics of neighborhoods within the Township. As such, Chapter 176: Trees, regulates public trees within the Township. This ordinance requires that prior to removal of any public tree, the property owner shall acquire a Tree Removal Permit from the Township.

APPLICATION PROCESS

1. Complete the Tree Removal Permit Application and bring it, along with any necessary documentation and accompanied permit fee to the Township Permit Coordinator. Necessary documentation includes permit application, site plan for removal (can be hand drawn), photographs of trees requested for removal, site plan for replanting (can be hand drawn), and the identified tree species selected for replanting.
2. Township staff will accept your complete permit application and advise when the next Shade Tree Commission meeting will take place.
3. The Shade Tree Commission will make a recommendation regarding the approval or denial of the permit to the Township.

Further instructions on the process, including replanting requirements, can be found within Chapter 176.

Do not begin work until you have a permit. Removal of a public tree without a permit may subject you to fines.

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APPLICANT INFORMATION

Property Address: _____
Property Owner Name: _____
Property Owner Address (if different than property address): _____
Phone: _____ Email Address: _____

In order to process a Tree Removal Permit Application, Township Staff, STC, or designee must enter your property. By applying for a Tree Removal Permit, you are consenting to an on-site inspection.

Applicant Signature _____ **Date** _____

DESCRIPTION OF WORK

Write a detailed description of the removal request, including number of trees, species, age of tree(s), diameter at breast height (DBH) and location of tree(s). Detail health/condition of tree(s):

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REMOVAL SITE PLAN (Top-down view of property)

Include tree(s) to be removed, buildings, existing structures, fence, gates, driveways, and frontage street.

STC REVIEW

Township Representative/STC/Designee: _____

Date Inspected: _____

*STC may consult an arborist when necessary.

CONTRACTOR INFORMATION

Name: _____
Address: _____
Phone: _____
Email: _____

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REPLANTING SITE PLAN (Top-down view of property)

In order to have the removal permit approved, applicant must also provide a replanting site plan to be approved by the Township. Include selected tree(s) species to be planted from the Approved Species List (Appendix A), specify DBH, and location. Replanting time frame should be suitable for the identified tree species. Trees will be planted in conformance with the guidelines provided for Good Landscaping Practices (Appendix B). Property owners are required to take pictures of the planting site prior to backfilling.

Property owners species selected for replating:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	STC Comments:
Property owners intended replanting time frame:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	STC Comments:

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APPLICATION PROCESSING RECORD (Township Office Use Only)

Permit Processing Fee:	Date Paid:	Check #:
Payor:	Received By:	
STC Review Date:	Applicant Present: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Supporting Documentation: <input type="checkbox"/> Photographs <input type="checkbox"/> Arborist Report (when necessary)		
STC Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Need More Information		
STC Conditions/Comments:		
Applicant Notified By:		Date:
Permit Number Issued:		Date:
Site Removal Plan Approved by:		Date:
Site Replanting Plan Approved by:		Date:
Was PA 1 Call Made: <input type="checkbox"/> YES <input type="checkbox"/> NO		Date:
Final Site Inspection Conducted by:		Date:
Did property owner provide necessary pictures prior to backfilling to ensure Good Landscaping Practices? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date:
Closure of Permit:		Date:
Additional information necessary:		