



**BOROUGH OF COLUMBIA
SHADE TREE COMMISSION**

PO Box 509, 308 Locust Street
Columbia, PA 17512
717-684-2467
www.columbiapa.net

Permit Cost: \$10.00

Permit # _____

Date: _____

Approved by: _____

APPLICATION FOR TREE-WORK PERMIT

APPLICATION DATE: _____ RECEIVED BY: _____

APPLICANT(S) NAME: _____

ADDRESS: _____, COLUMBIA, PA 17512

PHONE NUMBER; (____) _____ EMAIL: _____

PROPERTY OWNER IF DIFFERENT THAN ABOVE:

NAME: _____ ADDRESS: _____

PHONE NUMBER: (____) _____ EMAIL: _____

OWNER APPROVAL SIGNATURE: _____ DATE: _____

REASON FOR WORK: _____

LOCATION OF TREE(S) IF DIFFERENT THAN APPLICANT ADDRESS LISTED ABOVE:

REQUEST FOR WORK TO BE DONE

Check all that apply: REMOVAL PRUNING PLANT - Type of tree _____

Name of company completing work: _____ Phone # _____

Contact Person: _____ BU# _____

Date work is scheduled: _____

Does work affect? (Check all that apply) Sidewalks Curbs Utilities (wires, gas lines, etc)**

**If yes, contact PA One Call at 800-242-1776 prior to beginning any work.

Any street trees removed must be replaced according to the Borough of Columbia Ordinance # 202-17. And any activities taken with respect to the trees shall be in compliance with any and all applicable provisions of Chapter 202 of the Columbia Borough Code.

Applicant agrees to comply with all of the applicable sections of the Borough of Columbia Ordinances and standard specifications. All tree removal will be done to ISA and ANSI standards. All replacement trees shall be approved and planted to borough standards. In consideration of the granting of this permit and other good and valuable consideration therefore, the undersigned intending to be legally bound does hereby for the undersigned and the heirs, executors, administrators and assigns of the undersigned agree to release, indemnify and hold harmless the Borough of Columbia and its officers, agents, employees and representatives from and against all losses, damages, liability for injury to or death of persons, and/or liability for damage to property, suits, claims, costs and charges which any person or corporation may directly or indirectly suffer arising from any and all work herein permitted or, incidental thereto of which may arise from failure to permittee or its agent to perform the obligations of permittee under this permit.

X _____
Signature of Applicant

Date

For Shade Tree Commission Only:

Property Inspection Date: _____

By: _____

Determination of Application: APPROVE DENY - See reverse for explanation

Date: _____