

## **TREE PRUNING OR REMOVAL APPLICATION & PERMIT**

<b>PROJECT LOCATION/STREET ADDRESS:</b>	
<b>PROPERTY OWNER NAME:</b>	
Address (if different from above):	
City:	Zip:
Home/Office #: (      )	Cell #: (      )
E-mail Address:	
<b>CONTRACTOR NAME:</b> See <a href="http://www.cityoflancasterpa.gov/tree-permitting">www.cityoflancasterpa.gov/tree-permitting</a> for a list of contractors registered with the City.	
Contractor Street Address:	
City:	Zip:
Home/Office #: (      )	Cell #: (      )
E-mail Address:	
<b>TOTAL NUMBER OF TREES TO BE WORKED ON:</b>	
<b>SPECIES OF TREE(S):</b>	
<b>DESCRIPTION OF WORK:</b> <i>A sketch showing the location of the tree(s), the portions of the tree(s) to be impacted by the work and the property lines may be provided.</i>	
<p style="text-align: center;"><b><i>Pursuant to §273-22 (c) of City Code, Shade Trees must be replaced within twelve (12) months of removal.</i></b></p> <p><i>By signing below, I hereby certify and affirm that I am the property owner and that the information on this application is true and correct to the best of my knowledge, and the permitted work will be completed in accordance with the applicable law, including but not limited to state law and ordinances of the City of Lancaster.</i></p> <p><b>PROPERTY OWNER SIGNATURE:</b> _____ <b>DATE:</b> _____</p> <p><b>PRINT:</b> _____ <b>PHONE #:</b> _____</p> <p style="text-align: right;"><i>*The City will contact you when the permit is approved.</i></p>	

<b>OFFICE USE ONLY</b>	
<b>Application #:</b> _____	<b>Permit #:</b> _____
<b>Arborist Approval Date:</b> _____	<b>Permit Expiration Date:</b> _____
<b>PERMIT MUST BE POSTED ON THE PROPERTY</b>	