

Shade Tree Committee  
Brookville Borough  
18 Western Ave., Suite A  
Brookville, PA 15825  
Phone: 814.849.5325 Fax: 814.849.4964

## Shade Tree Permit Application

Date: \_\_\_\_\_ Request to (Please Circle One): Plant - or - Remove  
(Main St. Only)

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Tree(s): \_\_\_\_\_ Please draw a sketch below.

Variety (maple, oak, pine, etc.): \_\_\_\_\_

General Condition: \_\_\_\_\_

If replanting, what variety do you wish to plant? \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sketch

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### Borough Use

Date Received: \_\_\_\_\_ Date Resolved: \_\_\_\_\_ File No: \_\_\_\_\_

Outcome/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_