

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

Borough Use

Date Received: _____ Date Resolved: _____ File No: _____

Outcome/Comments: _____

