



BOROUGH OF HUMMELSTOWN Shade Tree Commission

261 Quarry Road, P.O. Box 307
Hummelstown, PA 17036
Phone: (717) 566-2555
Fax: (717) 566-3324
borough@hummelstown.net



SHADE TREE PERMIT / APPLICATION

1. Date of Application _____
2. Property Owner Information:
Name _____
Address where work is proposed: _____
Is this the same as your mailing address? yes no
If not, please provide mailing address: _____
Home phone number: _____
4. You may need to be contacted to discuss your permit.
Please check box of how best to reach you, and provide best time:
 Home phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____
6. Work Proposed to be Done:
 Tree Removal, # of trees _____ or Tree Trimming
7. Please give specific reasons as to **why** you request this work to be done:

8. Estimated Date of Work: _____
9. Contractor _____

In the event this permit is issued for the removal of a shade tree, Ordinance #6-1972, Section 5 requires that the shade tree be replaced in accordance with the terms as set forth therein. The applicant must notify the commission of such replacement. When such notification is received, the date thereof shall be noted below.

Applicant Signature _____
Signifying that He/She will replace the shade tree(s) within 1 year if required.

Office Use Only

Date Application Received: _____
 This Application is Hereby:
 _____ Disapproved
 _____ Approved
 _____ Approved W/ Condition
 Condition of Approval _____

 Reviewers Signature _____
 Replacement Notice Received: Date- _____ Noted By- _____
 Permit No. _____ - _____ Tree Species: _____