

Borough of West Chester

Tree Permit Application

PURPOSE OF PERMIT

HOMEOWNER

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ Phone _____

TREE CONTRACTOR

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Fax _____

Work Start Date _____ Work End Date _____

TREE PLANTING

If planting trees, please answer the following questions.

1. Species of Tree _____

2. Type of Sidewalk _____

3. Do you have overhead powerlines? _____