

## **Borough of Somerset**

## **BUILDING INSPECTIONS**

P.O. Box 71, 347 West Union Street Somerset, PA 15501-0071

Office: (814) 445-5595 \* Fax: (814) 445-3931 www.somersetborough.com



## Shade Tree Commission TREE REMOVAL APPLICATION

Date:	Phone No.:		
Name:			
Address:			
City:	State:	Zip:	
Email:			
Type of Removal:			
Remove tree(s)			_ Plant trees(s)
Remove existing tree(s) and Plant new t	ree(s)		_ Transplant trees(s)
Species of tree you are planning to plant:			
At the following location(s):			
Reason for Removal:			
Applicant Signature:	Date	e:	
Signature:	Date Approved:		