



Control No. _____

Shade Tree Work Permit Application

Work Location - Where tree is located:

Street No. Street Name Zip Code

Property Owner information:

Name: _____ Phone #: _____

Address: _____
Street No. Street Name Zipcode

Name of Person applying for permit: _____

Company / Contractor Name: _____

Address: _____
Street No. Street Name Zip Code

Phone #: _____ Email: _____

If you are a Company / Contractor please provide the following:

ISA Certified Arborist # and City of Reading Business License # _____

Description of Work to Be Performed:

Pruning (poda del árbol)	<input type="checkbox"/>	Removal (Retiro del árbol)	<input type="checkbox"/>
Planting (Plantar)	<input type="checkbox"/>	Stump Grinding (molienda de tocones)	<input type="checkbox"/>

Additional comments to be consider for approval:

Applicant's Signature: _____
Name Date

Do Not Write Below This Line

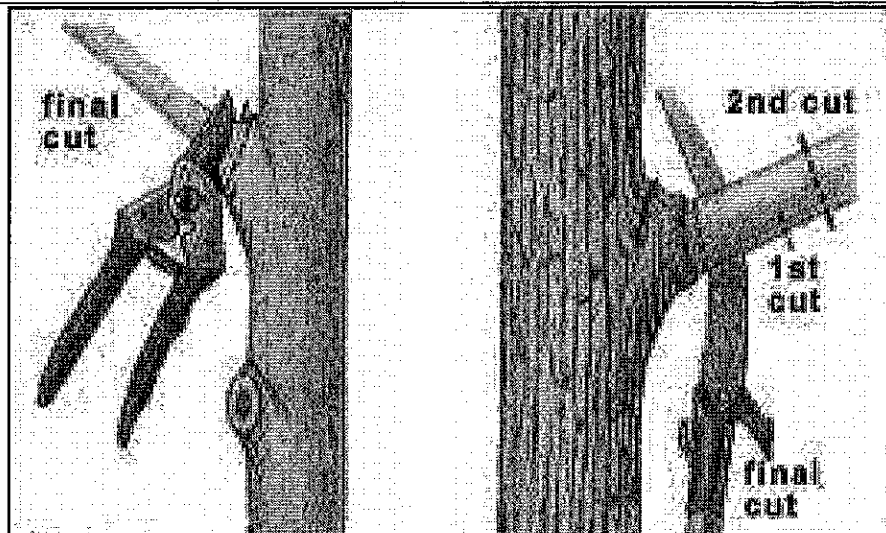
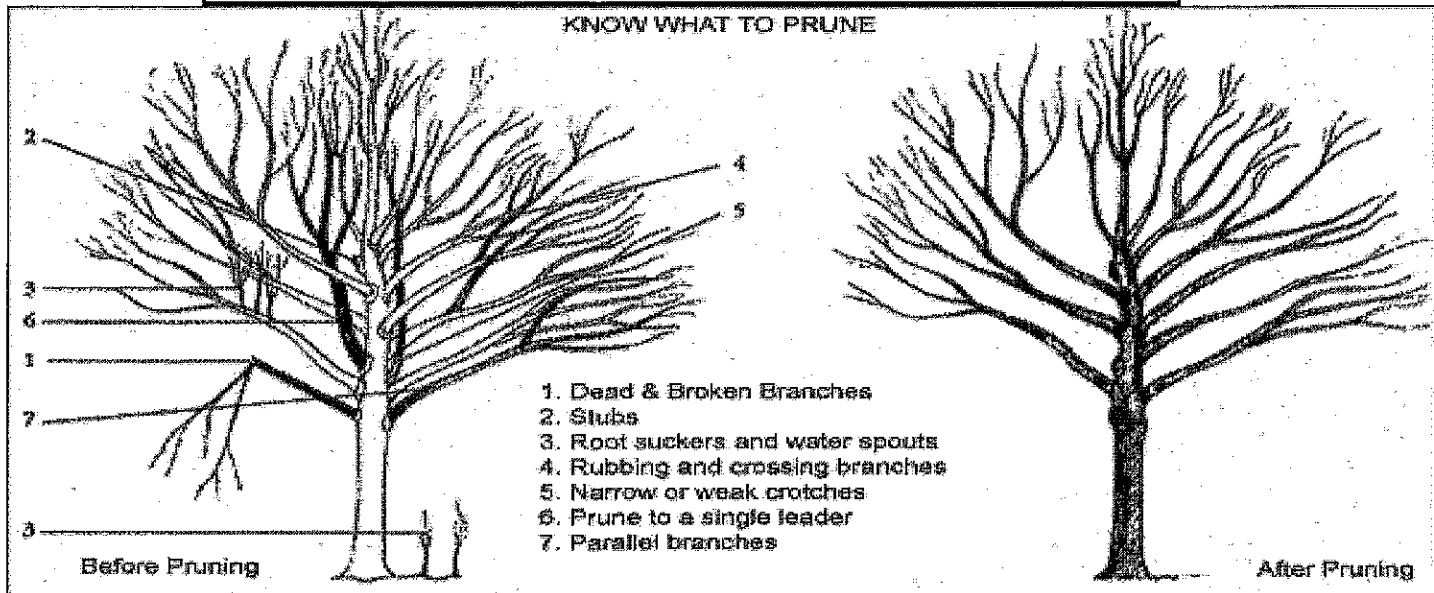
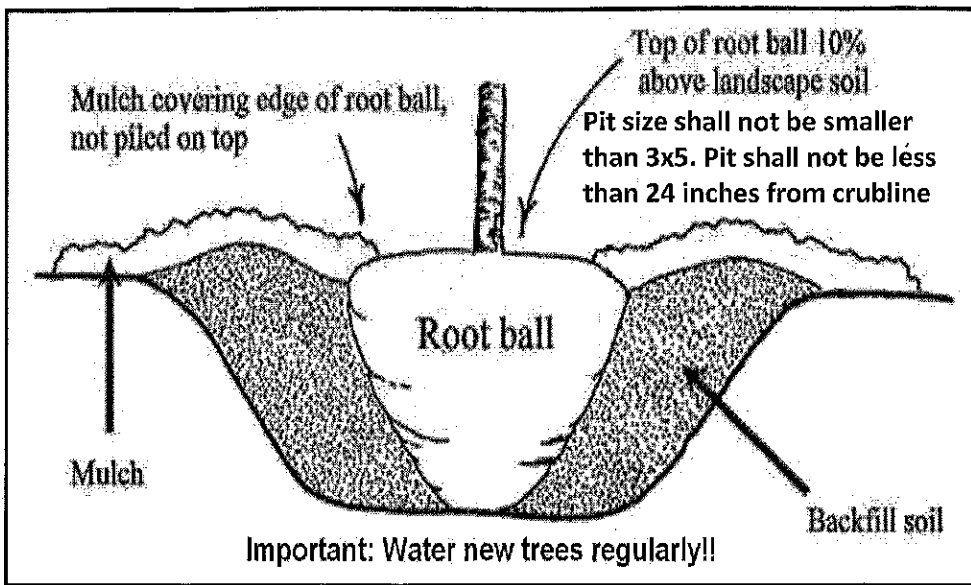
Approved: _____
Date

Conditions of Approval: _____

Denied: _____
Date

Reason For Denial: _____

- * All trees being removed must be replaced unless otherwise stated by the City Arborist. *
- * Must secure tree pits to avoid a trip hazard. *
- * Stumps must be removed at time of removal. *
- * All pruning must be done according to the ANSI A300 Tree Pruning Standards. *
- *Plans must be submitted upon request of City Arborist*
- * The topping of street trees is prohibited. *



Small Branch Pruning / Large Branch Pruning
 For More Information:
 Call the Public Works Department at 610-655-6035
 or visit www.arboday.org or www.treesaregood.org