

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? _____

CERTIFICATION

I, _____, hereby certify that _____ complies with
(Name) (Company)

Borough Code § 102-5 for Contractor minimum qualifications including a) be certified by the International Society of Arboriculture (ISA) as a certified arborist; b) provide proof of liability insurance in an amount of not less than \$1,000,000 per occurrence and workers compensation in an amount determined by statute; c) provide a written certification that the contractor will adhere to the ISA Code of Ethics; d) comply with public utility and Pennsylvania Department of Transportation requirements and guidelines; and e) comply with ANSI Z133 Tree Safety Standards and ANSI A300 Tree Care Standards and Regulations as such standards are amended from time to time. Applicant agrees to provide proof of requirements a) through e) upon request.

(Signature)

(Date)