

MASTHOPE MOUNTAIN COMMUNITY ECC TREE CUTTING PERMIT



PERMIT # _____

DATE SUBMITTED: _____

ESTIMATED COMPLETION DATE: _____

NAME: _____ LOT# _____

M.H. ADDRESS: _____

CONTACT PHONE # _____

PA CONTRACTORS REGISTRATION# _____

NUMBER OF TREES BEING REMOVED: _____

REASON FOR REMOVAL _____ Dead: () Alive: ()

Stump to ground level: Yes: () No: () Stumps removed & filled: Yes () No ()

Wood Disposal: Cut & Stacked: Yes: () No: () Off Premises: Yes () No: ()

Height: _____ Width: _____

NOTE:

- Trees **MUST** be **MARKED** or **TAGGED** with Tape or String and will be inspected within **10 Days of Submitted Date.**
- Trees are not to be removed until you are contacted by phone.
- Permit must be on premises!

Who is doing tree work? _____

If outside Contractor: Copy of Insurance MUST be supplied to the POC Office before work is to be started!

I acknowledge that all trees are on my property and any damage during the removal of these trees is my responsibility.

Signed: _____ Date: _____

Authorized by: _____ Issue Date: _____