



Penn Forest Streams Property Owners' Association
11 Clubhouse Road
Jim Thorpe, PA 18229

TREE CUTTING PERMIT APPLICATION

1. OWNER: Please print or type all information.

- a. Name: _____ Date: _____
- b. Home Mailing Address: _____
- c. Home Tele: _____ Alternate#: _____
- d. Lot#: _____ 911#: _____ Street#: _____
- e. Start & End Date of Lot Clearing: _____
- f. Emergency Contact # if homeowner cutting trees: _____

911# NEEDS TO BE POSTED AT THE START OF THE JOB TO STAY IN COMPLIANCE WITH THE PENN FOREST TOWNSHIP ORDINANCE.

To the Property Owner:

Property Owner acknowledges receipt of Rules & Regulations and also, agrees to abide by all rules or will be subject to penalty.

Please initial here if you grant permission for your contractor to sign for any of these documents on your behalf.

Please acknowledge here if you have received the following:

By-Laws: __Yes __No Rules & Regulations: __Yes __No Deed Restrictions: __Yes __No

Property Owners Signature: _____

2. BUILDER INFORMATION: Please print or type all information.

- a. Company Name: _____
- b. Address: _____
- c. Business Phone Number: _____
- d. Emergency Contact# While Trees are being cut: _____
- e. HIC#: _____
(Home Improvement Contractor# issued by Attorney General)

Representative Signature: _____

PROPERTY OWNERS ARE RESPONSIBLE FOR ANY AND ALL FINES, VIOLATIONS, ETC. THAT MAY BE INCURRED BY THEIR CONTRACTORS, SUB-CONTRACTORS, ETC.



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PERMIT REQUIRED TO BE POSTED IN PLAIN VIEW FOR THE DURATION OF THE JOB.

NO CONSTRUCTION IS ALLOWED TO START PRIOR TO 7:30AM AND AFTER 6PM.

NO CLEAR CUTTING OF ANY LOTS IS PERMITTED.

3. CONSTRUCTION PARTICULARS: All Categories must be completed.
PLEASE PRINT ALL INFORMATION

a. Type of Construction:

Lot Clearing _____

Other (please specify) _____

b. Permits:

Building Permit# _____ Zoning Permit# _____

A COPY OF FINAL CERTIFICATE OF OCCUPANCY IS TO BE SUBMITTED TO OFFICE AT TIME OF COMPLETION.

This certifies that the Building & Planning Director of Penn Forest Streams Property Owners Association has reviewed these plans on the associated date.

OFFICE SECTION:

APPROVED: _____ DATE: _____

DATE RECEIVED: _____ CHECK/CASH: _____ BY: _____

Special Notes:

Revised: 7.14.21 TK