



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

TREE REMOVAL PERMIT APPLICATION (ZERO Fee)

1. OWNER: Please print or type all information.

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

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. VENDOR 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
INCCURED BY THEIR CONTRACTORS, SUB-CONTRACTORS, ETC.
PERMIT REQUIRED TO BE POSTED IN PLAIN VIEW FOR THE DURATION OF THE JOB.**



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

NO CLEAR CUTTING OF ANY LOTS IS PERMITTED. PROPERTIES ARE REQUIRED TO HAVE A MINIMUM TREE CANOPY OF 35% ONCE MATURE.

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

a. Type of Construction:

Tree Cutting Clearing _____

Other (please specify) _____

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

OFFICE SECTION:

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

DIRECTOR APPROVED: _____ DATE: _____

Special Notes:

Revised: 7.19.23 TK