

West Pittston Shade Tree Commission
555 Exeter Avenue, West Pittston, PA 18643
570.655.7782 | westpittstonstc.org
Email: wpstc@icloud.com



Application: Tree Pruning Permit (\$5.00 Due at Submission)

Date: _____ Permit # (To Be Completed by WPSTC): _____

Applicant Name: _____ Telephone #: _____
Email Address (if available): _____

Street Address: _____

Number of Trees to Be Pruned: _____

Description, size, and location of all trees to be pruned: _____

Please check type of pruning to be completed:

- Crown Raising (pruning lower limbs for clearance)
- Crown Cleaning (remove dead wood for tree health/safety)
- Crown Thinning/Reduction (for utility clearance - no more than 25% live crown to be removed)

Contractor (Must be licensed and registered with the borough): _____

Application is hereby made to conduct the above stated. If permit is granted, I/we agree to perform all work in accordance with all specifications, rules, and standards set forth in West Pittston Municipal Code, Chapter 159. The permit is valid for one (1) year from the date of issue.

Signature of Applicant: _____

For West Pittston Shade Tree Commission Only

Date of Inspection: _____

Is pruning justified (circle one): Yes No

Remarks: _____

Signature of Secretary: _____