

REMOVAL TREE PERMIT APPLICATION

CITY OF ERIE
DEPARTMENT OF PUBLIC WORKS,
PROPERTY & PARKS
URBAN FOREST PROGRAM



Date Received:	_____
Date Site Visit:	_____
<input type="checkbox"/> Approved:	_____
	Arborist Signature
<input type="checkbox"/> Denied:	_____
	Arborist Signature
<input type="checkbox"/> \$50.00 Fee:	_____
FOR OFFICE USE ONLY - FORM-R-2015-0220	

Owners of properties in the City abutting upon the streets & highways of the City shall be responsible for the care and maintenance of all trees located between the front property line of such property and the traveled portion of such streets & highways in the area between the extensions of the side boundary lines of such properties. Such owners shall be responsible for the performance of trimming, pruning, treatment, and removal to prevent hazards.

***The practice by the City of removing dead trees is a courtesy. City funds for tree removals are limited. Property owners requesting that the City remove a dead tree will be placed on the Tree Removal List.** The City is under no legal obligation to perform this function. Any liability for failure to adhere to Ordinance 11-1961 § 4 rests with the abutting property owner. The City of Erie reserves the right to prioritize possibly hazardous trees at the top of the list.

Name: _____ Home Phone #: _____

Address: _____ Work/cell Phone #: _____

City, State, Zip: _____

Owner's Name: _____ Owner's Home Phone #: _____

Owner's Address: _____ Owner's Work/cell Phone #: _____

City, State, Zip: _____

Location of Tree at Property: _____

Description of Work Requested: _____

Reason for Work Requested (Dead, Dying, Diseased, etc.): _____
(and any other valuable information such as size or species of tree)

Number of Trees that you will be REPLANTING: _____

Name of Tree(s) that you will be REPLANTING: _____

Please Check One: Property Owner requests to remove tree. Property owner requests City to remove tree.

_____	_____	_____	_____
Property Owner Signature	Date	Agent	Date

Please mail completed application to:
(Application must be completed and signed.)

Sarah C. Galloway
City of Erie ~ Arborist
Department of Public Works, Property & Parks
626 State Street, Suite 507
Erie, PA 16501-1128

Or fax to: **(814) 870-1415**
Or email to: sgalloway@erie.pa.us

Any questions or concerns please contact: **Phone: (814) 870-1255**