**Woodledge Village Community Association, Inc. (WVCA)**

**43 Woodledge East Lake Drive**

**Hawley, PA 18428**

**Tel # 570 685-4600 Fax# 570 685-3915**

**Tree Cutting Permit Application**

Property Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section \_\_\_ Block \_\_\_ Lot/s#: \_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor’s Name / Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received Certificate of Insurance \_\_\_YES \_\_\_ NO

Estimated Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Check all that Apply | # of trees | Reason for Tree Cutting |
|  |  | Safety: dead or dying tree(s) |
|  |  | Damage to assets (describe) |
|  |  | Construction (include plat plan, survey, and build permit) |
|  |  | Other (describe): |

PLEASE NOTE THE FOLLOWING:

Proposed tree cutting shall be harmonious with the natural mountain WVCA settings

Trees shall be marked or tagged by property owner prior to site inspection

Tree committee shall perform site inspection / validate application accuracy

WVCA reserves the right to reject an application in whole or in part

Tree cutting shall not commence until issuance of a Tree Permit

Tree Permit shall be posted on premises during approved tree cutting

Owner shall notify tree committee when tree(s) are cut for follow up site inspection.

Any damage caused to any property(ies) or asset(s) located within or bordering the WVCA property as a result of tree cutting will be the owner’s responsibility.

Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Inspected By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Call Elliott Smith Tel# 301 501-2676**