



TOWNSHIP OF SALISBURY
LEHIGH COUNTY, PA
2900 SOUTH PIKE AVENUE
ALLENTOWN, PA 18103

Phone: 610-797-4000
Fax: 610-797-5516

PERMIT APPLICATION
TREE REMOVAL

Permit No.: _____

Date Received: _____

Date Issued: _____

- SELECT:** **Tree (Resident's Property)** No. of Trees to be removed: _____
- Street Tree** No. of Trees to be removed: _____
- Tree Harvesting – please obtain a copy of 516. – Tree Harvesting And The Cutting of Trees - from the receptionist in the front office.**

APPLICANT IS REQUIRED TO CALL PENNSYLVANIA ONE CALL SYSTEM AT 1-800-242-1776 PRIOR TO SUBMITTING TREE REMOVAL APPLICATION, AND BEFORE REMOVING AND/OR REPLANTING YOUR STREET TREE IN ORDER TO LOCATE UTILITY LINES.

Site Address: _____

Owner: _____ Phone: _____

Mailing Address: _____

Contractor: _____ Phone: _____

Mailing Address: _____

E-Mail Address: _____

PA State Contractor Registration Number: _____

Description of Work: _____

Were any trees removed within the last 5 years: Yes No How Many? _____

Estimated Cost: \$ _____

I certify that the Code Administrator or the Code Administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner / Authorized Agent: _____

Print Name of Owner / Authorized Agent: _____

Address: _____ Date: _____

STREET / SHADE TREE REMOVAL

1. **Street Trees** are located within a Street Right-Of-Way - Ten Feet (10') from the edge of the road (in most cases).
2. Trees to be removed must be tagged for Township inspection.
3. Reason(s) for Removal: _____

4. Do you intend to replant the Street Tree(s)? Yes No
If **Yes** - Trees are to be planted uniformly to match other street trees on that block
If **No** - State the reason(s) why: _____

- There is another tree within the right-of-way in close proximity (30 feet or closer) to the removed tree.
Other: _____

5. Is the tree under overhead utility lines? Yes No
6. Is the tree near underground utility lines? Yes No
If yes, select: Gas Electric Communications Water Sewer
How Many Feet? _____

REQUIREMENTS

1. A TREE REMOVAL PERMIT IS REQUIRED FOR TWO (2) OR MORE TREES.
2. Trees approved for removal must have stumps removed. In cases where underground utilities are present the tree stump may be ground down to grade.
3. Replacement trees must be a minimum height of seven feet (7') single-straight stem to the first lateral branches above ground. The tree must be three and one-half inches (3-1/2") thick, measured six inches (6") above the ground level. The Shade Tree Official may approve a smaller replacement tree in areas close to underground utilities on a case-by-case basis. Holes must be carefully hand-dug in the right-of-way where underground utilities are present.
4. A right-of-way with a large underground pipe or multiple ducts, the no-dig area is measured thirty inches (30") from each side of the center to a total sixty-inch (60") no-dig zone.
5. A right-of-way with a small underground pipe or cable(s), the no-dig area is measured nineteen inches (19") from each side of the center to a total thirty-eight-inch (38") no-dig zone.
6. **Denied Street / Shade Tree Permits may be appealed, in writing, to the Salisbury Township Board of Commissioners. Township requirement regarding the replacement of the Street / Shade Tree(s) may also be appealed, in writing, to the Salisbury Township Board of Commissioners.**

NON-STREET TREE REQUIREMENTS

1. A TREE REMOVAL PERMIT IS REQUIRED FOR TWO (2) OR MORE TREES. THE PERMIT IS ALSO REQUIRED TO REMOVE TREES THAT ARE MORE THAN SIX INCHES IN DIAMETER.
2. A maximum of three (3) trees may be removed in a calendar year.
3. A maximum of seven (7) trees may be removed in any five-year period in all districts unless:
 - a. The tree is significantly diseased, infected, damaged, or dead.
 - b. The position or condition of the tree constitutes a danger to a neighboring property or to the general public.
4. **TREE HARVESTING:** Please contact the Township Zoning Officer at 610-797-4000 for requirements.

STREET TREE

Approved Denied Date: _____

Recommended Size & Species: _____

Replacement Tree Required: Yes No Date to Be Replaced: _____

Comments: _____

Zoning Officer Signature: _____

NON-STREET TREE

Approved Denied Date: _____

Comments: _____

Zoning Officer Signature: _____

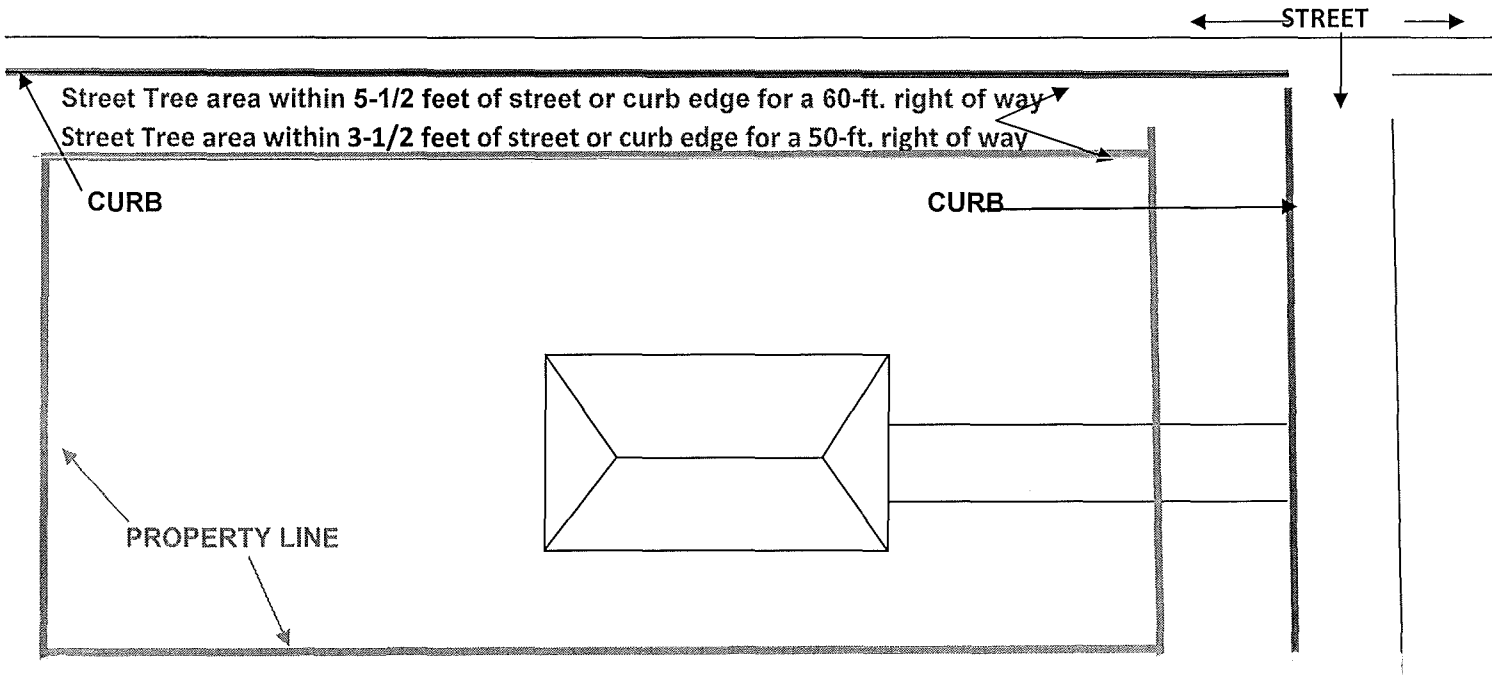
Permit No.: _____

Date Issued: _____

Permit Fee: _____

TOTAL: _____

SAMPLE DRAWING



1. **A TREE REMOVAL PERMIT IS REQUIRED FOR TWO (2) OR MORE TREES**
2. Amount of Trees to be removed: _____
3. Is Tree(s) to be removed located within 5-1/2 feet (5-1/2') of the Road Edge? Yes No
4. If Yes, explain why the Tree(s) must be removed: _____

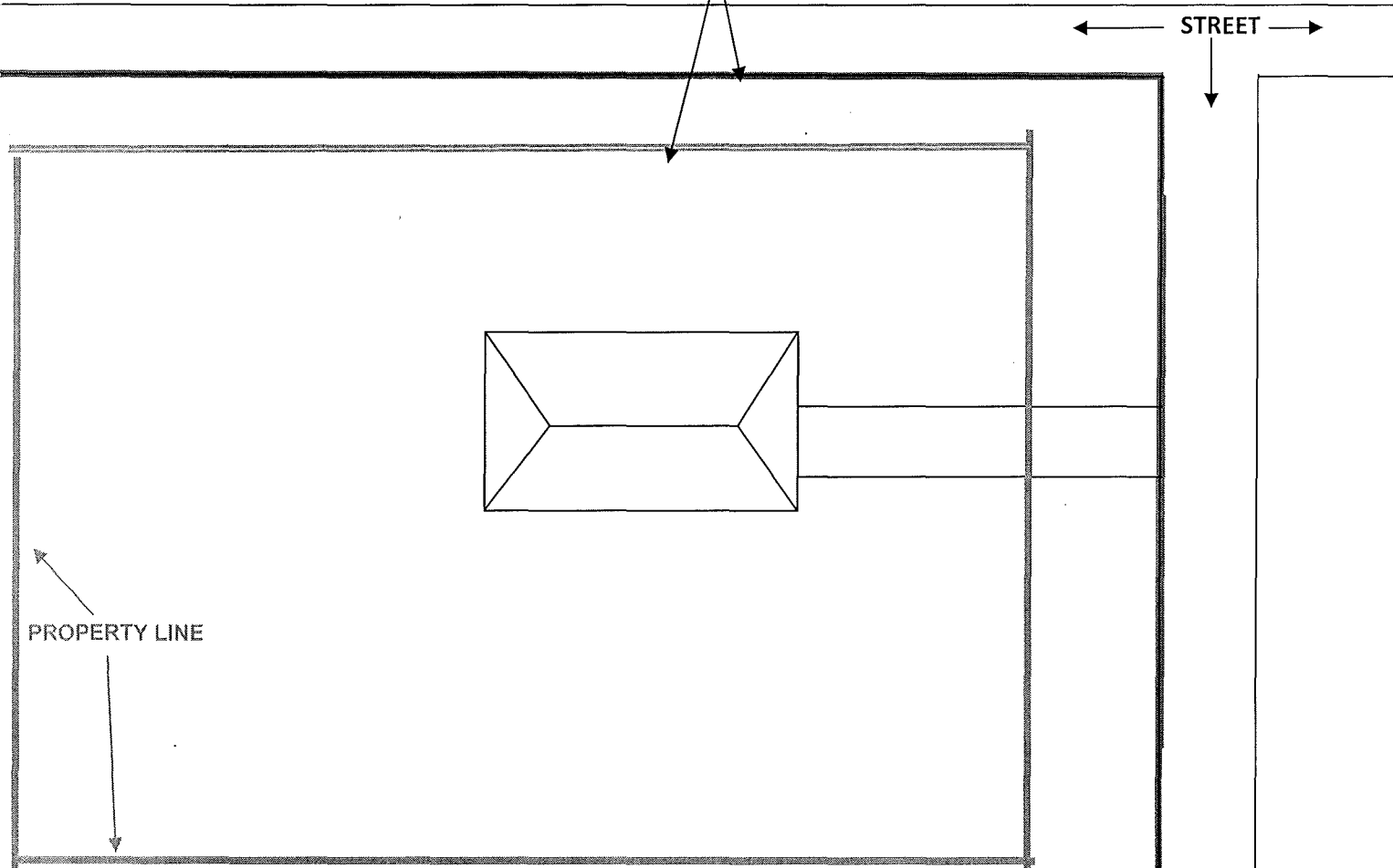
5. A maximum of three (3) trees may be removed in a calendar year.
6. A maximum of seven (7) trees may be removed in any five (5)-year period in all districts unless:
 - a. The tree is significantly diseased, infected, damaged, or dead.
 - b. The position or condition of the tree constitutes a danger to a neighboring property or the general public.
7. A permit is required to remove trees more than six inches (6") in diameter.
8. Trees located within fifteen feet (15') of a newly-permitted structure may be removed.
9. Tree Harvesting requires a separate permit. Please refer to Zoning Ordinance Section 516, which is available upon request.
10. **Replacing a Street Tree:** The size of the Shade and Street Tree(s) shall be 3 to 3-1/2 inches (caliper) measured 6 inches above the ground level. Trees shall have a minimum of a seven-foot single straight stem to the first lateral branches above ground level.

I understand that I may not cut down **Street Trees** before first obtaining approval from the Township of Salisbury Commissioners. A penalty of up to \$500.00 per tree, plus attorney's fees incurred for the removal, or negligently injuring a tree of more than six inches in diameter; or any street tree shall apply.

OWNER'S SIGNATURE: _____ Date: _____

SHOW LOCATION(S) OF TREES TO BE REMOVED ON THE DRAWING BELOW:

STREET TREE AREA WITHIN 5 1/2 FEET OF CURB OR STREET EDGE



RECOMMENDED STREET / SHADE TREES

THE FOLLOWING IS A LIST OF TREES RECOMMENDED FOR PLANTING AS SHADE OR STREET TREES BETWEEN THE CURB AND SIDEWALK:

A. TREES RECOMMENDED FOR PLANTING STRIPS AT MINIMUM SPACING OF THIRTY FEET (30') BETWEEN TREES. ALL TREES SHOULD BE OF SINGLE-STEMMED TREEFORM.

Crimson Cloud Hawthorn
Hedge Maple
Kwanzan Cherry
Pyramidal Singleseed Hawthorn
Rancho Columnar Sargent Cherry
Tschonoskii Crabapple
Upright European Hornbeam
Washington Hawthorn

B. TREES RECOMMENDED FOR PLANTING STRIPS AT A MINIMUM SPACING OF FORTY FEET (40') BETWEEN TREES:

American Sycamore
European Hornbeam
Ginko
Green Ash
Green Mt. Sugar Maple
Greenspire Linden
Hop Hornbeam
Katsura Tree
Korean Mountain-Ash
Littleleaf Linden
Pin Oak
Red Maple
Red Oak
Sawtooth Oak
Scarlet Oak
Shademaster Thornless Honeylocust
Shingle Oak
Skyline Locust
Sour Gum
Sugar Maple
White Ash
Zelkova

NOTE: MINIMUM HEIGHT IS 7' FEET



Township of Salisbury

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Allentown, PA 18103

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M E M O

TO: CONTRACTORS and RESIDENTS IN SALISBURY TOWNSHIP
FROM: TOWNSHIP OF SALISBURY, LEHIGH COUNTY
DATE: SEPTEMBER 17, 2002
RE: ACT 44 – THE WORKERS COMPENSATION REFORM ACT

Please be advised that **NO** Salisbury Township Permit Application will be issued to any Contractor or Resident working in Salisbury Township unless the Township Planning & Zoning Department has been supplied with the required proof of **WORKERS COMPENSATION INSURANCE**, either by:

1. **CONTRACTORS – A CERTIFICATE OF INSURANCE** showing Workers Compensation with policy numbers, including the policy's Date of Expiration, showing Salisbury Township as the Certificate holder:

Township of Salisbury
2900 South Pike Avenue
Allentown, PA 18103

2. **SELF EMPLOYED** – the attached **WORKERS COMPENSATION VERIFICATION FORM** is used for those individuals who are self employed. This form must be signed and notarized prior to work being performed.
3. **RESIDENTS** – the above does not apply if you, the resident, are doing the work yourself. Please confirm by filling in your name and address in the space provided for the Contractor name and address.

THIS IS A STATE LAW



WORKERS COMPENSATION VERIFICATION FORM

A. THE APPLICANT IS A CONTRACTOR WITHIN THE MEANING OF THE PENNSYLVANIA WORKERS COMPENSATION LAW:

Yes No If the answer is "YES", complete Sections B and C below as appropriate.

B. INSURANCE INFORMATION:

Name of Applicant:

Federal or State Employer Identification No.:

APPLICANT IS A QUALIFIED SELF-INSURER FOR WORKERS COMPENSATION

Name of Workers Compensation Insurer:

Workers Compensation Insurance Policy No.: Expiration Date:

C. EXEMPTION:

Complete Section C if the Applicant is a contractor claiming exemption from providing Workers Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Workers Compensation Insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons, as indicated:

- Contractor With No Employees: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.
Religious Exemption under the Workers Compensation Law.

Applicant Name - Please Print Clearly
Address
City, State, Zip
County
Municipality
Signature of Applicant

Subscribed and sworn before me this
day of 20
Signature of Notary Public
My Commission Expires:
(SEAL)