

City of Johnstown 419 6<sup>th</sup> Ave Johnstown, Pennsylvania 15906 Phone (814) 533-2089 www.cityofjohnstownpa.net

Permit No.	-
Reference No.	
Receipt No.	_
Amount Due:	_

## **Tree Trimming / Cutting Permit Application**

		3	**		
Pro	Property Owner:	Phone:			
Ad	Address:				
Contractor:					
Ad	Address:				
De	Description of tree(s) to be cut (location, species, diame	eter, number of trees):			
SP	SPECIAL CONDITIONS:				
1.	1. All work is to be done at the applicant's expense, inc	luding clean up and removal	of all debris.		
	Standard safety precautions of the tree care industry are to be adhered to at all times.				
3.	3. The work is to be performed in such a way as not to do damage to any road surface, overhead, or underground utilities.				
4.	Traffic control is the responsibility of the applicant. It is the applicant's responsibility to ensure the contractor is informed of this requirement.				
5	<ul><li>5. The City assumes no liability in connection with this</li></ul>	action			
		All traffic lane restrictions and closures require a 24-hour notice to Police Dispatch at 1-814-472-2100			
	7. This permit is valid for one (1) year from date issued		1441 011 1/2 2100		
In a fron proposed in arising community arising the The	n accepting this permit, the permittee, his successors, heirs and as from all claims, action or damages of every kind and description property by reason of the performance of the above described wor of installation, maintenance and operation, and in case any such surising out of or by reason of any of the above causes, the grantee, his commencement of such action, defend the same at his or their ow uit or action shall have finally been determined if adversely to the other city arborist may revoke, annul or terminate this permit if granter that the city arborist may revoke, annul or terminate this permit if granter that the city arborist may revoke, annul or terminate this permit if granter that the city arborist may revoke, annul or terminate this permit if granter that the city arborist may revoke, annul or terminate this permit if granter that the city arborist may revoke, annul or terminate this permit if granter than the city arborist may revoke, annul or terminate this permit if granter than the city arborist may revoke, annul or terminate this permit if granter than the city arborist may revoke	which may accrue to or suffered rk, cost of materials and labor, chasuit or action is brought against says successors, heirs or assigns will use sole expense and will fully sate e City of Johnstown.	by any persons, corporations or aracter of materials used or manner aid City of Johnstown or damage upon notice to him or them of isfy any judgment after the said its provisions, requirements or		
regu	egulations as herein set forth or through willful or unreasonable r	neglect, fails to heed or comply w	ith notices given him.		
reprof la pres	hereby certify that I am the owner of the subject property or I have read and examined this application, and that I have read and examined this aff laws and ordinances governing this type of work will be met wheresume to give authority to violate or cancel the provisions of any of construction.	application and know the same to hether specified herein or not. Th	be true and correct. All provisions e granting of a permit does not		
		Date: _			
Sig	Signature of Owner/Authorized Agent				
		City Arborist			

\*\*\* SEE REVERSE SIDE FOR DIRECTIONS ON OBTAINING A TREE PERMIT \*\*\*