

Borough of Elverson
Elverson Shade Tree Commission

WAIVER REQUEST FORM

To alter, destroy or plant, a tree in accordance with the Revitalization Commission and the "Elverson Shade Tree Commission Ordinance"

Date Waiver Approved: _____
Waiver Number: _____
Waiver Fee: \$ _____

Application for a waiver to perform or install (give a description of the work being done): _____

(attach a worksheet if additional space is needed)

Site address: _____

Tax Parcel: _____

Lot #: _____, Subdivision or Development: _____, Phase: _____

Cost of Material: \$ _____ . _____

Cost of Labor: \$ _____ . _____

Planned Start Date: _____

Planned Completion Date: _____

Property Owner, name: _____

Primary phone: _____, Secondary phone: _____

Mailing Address (if different from Site address): _____

Contractor Information (if applicable)

Contractor name: _____

Business Phone: _____, Business Fax: _____

Business Address: _____

Conditions of Waiver (for use by Elverson Shade Tree Commission): _____

(attach a worksheet if additional space is needed)

I certify that all information on this application is correct and the work will be completed in accordance with the specified "Conditions of Waiver" provided by the Elverson Shade Tree Commission, and will be completed within 30 days of specified "Planned Completion Date". I understand that issuance of such waiver shall not be construed as authority to violate, cancel or set aside any provisions of the ordinances of the Elverson Shade Tree Commission, and does not set any type of precedence for future tree plantings or removals. The Elverson Shade Tree Commission shall have the authority to inspect all work while in process.

Signature of Owner or Authorizing Agent: _____

Print Name: _____

Signature of Contractor: _____

Print Name: _____

Waiver Denied:

Date: _____

Date Returned to Applicant: _____

Reason Denied: _____

(attach a worksheet if additional space is needed)