

**SHOHOLA FALLS TRAILS END  
TREE CUTTING APPLICATION**

Date: \_\_\_\_\_

Lot #: \_\_\_\_\_

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

Lot Owner(s): \_\_\_\_\_

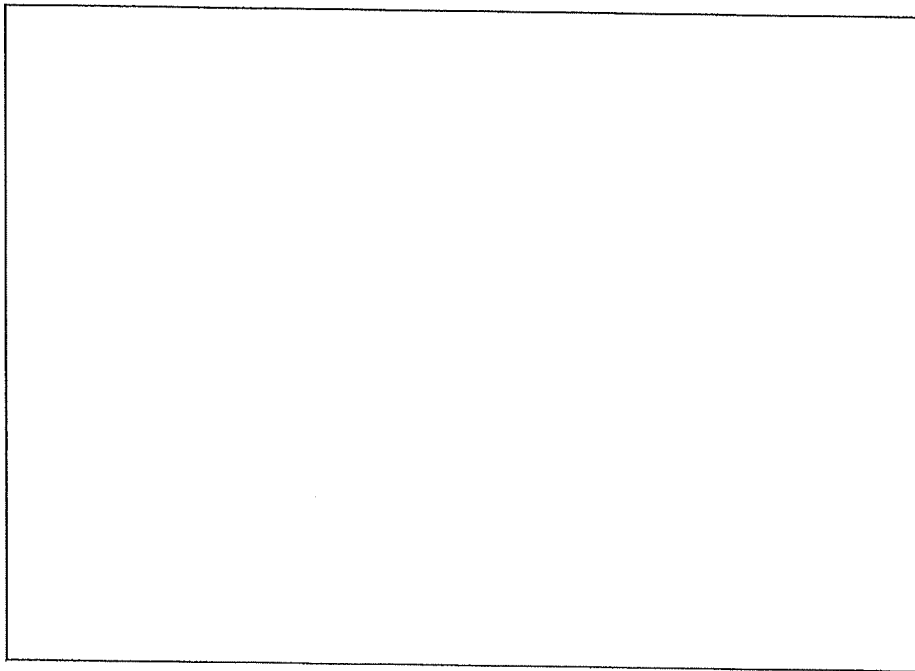
Phone #: \_\_\_\_\_

Number of trees to be cut: \_\_\_\_\_

Reason for cutting: \_\_\_\_\_

Sketch of lot showing approximate location of tree(s). Show trailer, deck, shed, etc.

**\*\*\*PLEASE ENSURE TREES ON PROPERTY ARE MARKED!\*\*\***



Front of Property

Lot Owner's Signature: \_\_\_\_\_

Approved: \_\_\_\_\_

As per Article XII Section 12.3-Paragraph I of the By-Laws of Shohola Falls Trails End POA

**\*\*PERMITS EXPIRE AFTER ONE YEAR OF ISSUANCE! \*\***