

**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! ****