

SHOHOLA FALLS TRAILS END
TREE CUTTING APPLICATION

Date: _____

Lot #: _____ Road _____

Lot Owner: _____

Phone #: _____

(The office will notify you when the application comes back)

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 ARE MARKED****

Lot Owner's Signature

Approved : _____

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

Trails End POA

Date 1/1/2008

Permits expire after one year of issuance