



**Application for Shade Tree Permit  
and/or MS4 Tree Credit**  
Franklin County, Pennsylvania

Borough of Greencastle  
60 N. Washington Street  
Greencastle, PA 17225  
717-597-7143/FAX: 717-597-1022  
www.greencastlepa.gov

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

**INSTRUCTIONS:** This form should be completed and submitted to the Borough Manager. A Shade Tree Commission permit is required for removal, planting, trimming, or moving trees located within any street right-of-way. There is no fee or other charge for a permit. The proposed work should not be done commenced until a permit has been granted.

If this application is for an MS4 credit, please note that in addition to the rules indicated above, credits are \$50/tree (maximum plantings as designated by the Shade Tree Commission) or a 10% quarterly fee reduction, whichever is the lesser amount. Please see the Approved Stormwater Pollutant Impact Fee Credit Listing for more details.

Applying for SPIF Tree Credit:  Yes  No    Approved:  Yes  No    Credit Amount: \$ \_\_\_\_\_

Name and address of applicant: \_\_\_\_\_

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

Name and address of property owner (if different than above): \_\_\_\_\_

Location of work to be done and distance from curb: \_\_\_\_\_

Description of work to be done and method of completion: \_\_\_\_\_

Species, variety and size of trees or shrubs affected: \_\_\_\_\_

Proposal for replacement of trees or shrubs to be removed, as applicable: \_\_\_\_\_

Period within which work is to be completed: \_\_\_\_\_

Name of firm/organization performing work to be done (**MUST** be on approved Arborist-Tree Surgeon List): \_\_\_\_\_

*"I hereby certify that the foregoing statements are true and accurate."*

\_\_\_\_\_  
Signature of Applicant

**PERMIT**

The permit applied for is granted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and is valid for one year.

**APPROVAL NOTES:** \_\_\_\_\_  
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\_\_\_\_\_  
Shade Tree Commission