



*City Of Pittsburgh
Forestry Division*

PERMIT

No. _____

DATE OF ISSUANCE ___/___/___

Permission is hereby granted to:

(OWNER) NAME _____

ADDRESS _____

PHONE No. (____) _____

CONTRACTOR _____ PHONE No. (____) _____

TYPE OF WORK TO BE PERFORMED

PRUNING REMOVAL PLANTING OTHER

DESCRIPTION _____

AT THE FOLLOWING LOCATION _____

Holder of this permit hereby accepts full responsibility for any damage incurred during this operation. Permit holder is responsible for compliance with all Federal, State, and local laws. Work is subject to inspection and approval of the Forestry Division and notification must be made 24 hours prior to commencing work.

PERMIT ONLY VALID FOR 30 DAYS FROM ISSUANCE DATE.

SIGNATURE

DATE

CITY FORESTER

DATE

(or authorized representative)

Prior to construction. Return completed signed copy of permit to address below.

*City of Pittsburgh Forestry Division
6520 Stanton Avenue - Pittsburgh, Pa. 15206
(412) 665-3625 Fax 665-4316*