

**BIRCHWOOD LAKES COMMUNITY ASSOCIATION, INC.**

**212 ASPEN ROAD**

**DINGMANS FERRY PA 18328**

**Telephone: (570) 828-2111**

**Fax: (570) 828-9009**

**TREE REMOVAL REQUEST FORM**

Request Date: \_\_\_\_\_ 1<sup>st</sup> Request: Yes No Date \_\_\_\_\_

Member Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_

**TREES MUST BE MARKED PRIOR TO REVIEW FOR ISSUANCE OF PERMIT**

List # of trees and size of trees: \_\_\_\_\_

Reason for tree removal: \_\_\_\_\_

*I understand that a follow-up inspection of my property may be done without notice. My signature is authorization for a BLCA representative to enter my property and inspect the completed work. Failure to comply with the information provided above may result in the issuance of a citation. The BLCA Rules & Regulations Section 98-50-17 states No Clear Cutting Permitted and carries a fine of not more than \$350.00 for each violation.*

Member's Signature: \_\_\_\_\_

Sketch location of trees to be cut

*Office Use Only*

Office Approval: Yes No Initial \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Board Approval Required: Yes No

Date of Approval: \_\_\_\_\_

BLCA Inspection Date: \_\_\_\_\_

Results:

\_\_\_\_\_

\_\_\_\_\_

Inspector's Signature:

*Authorization to remove indicated trees expires one year from approval date.*