



10 E Church St,
Bethlehem, PA
18018

CITY OF BETHLEHEM

www.bethlehem-pa.gov

DEPARTMENT OF PUBLIC WORKS

Phone: 610-885-7065

FAX: 610-997-7950

Bureau of Urban Forestry

STREET TREE PERMIT APPLICATION

Please print and complete form legibly.

PERMIT FEE: \$25.00

Applicant (check one): Property Owner ☐ Tree Contractor ☒

DATE: Jan 12 2023

The applicant hereby agrees to observe all applicable City specifications, standards, rules, regulations, and ordinances under which the permit is issued.

PROPERTY OWNER	Property Owner Name	Frank Rivas			PHONE #	610 864 6294		
	Complete Address	836 Center St Bethlehem Pa 18018						
	Property Contact Information	Contact name and address if different from property owner above (such as property manager, association head, renter, etc.) If same as property owner above, write 'same'.						
	Phone #		Fax #		Email			

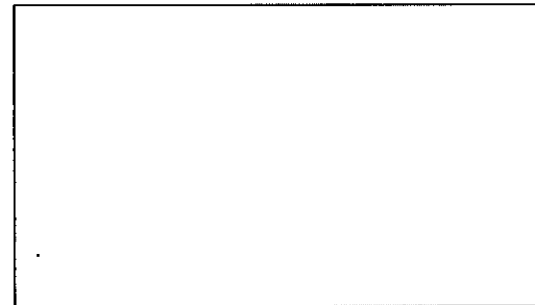
WORK INFORMATION	Permit Address & Zip Code (location of tree work/project)	Frank Rivas 836 Center St Bethlehem Pa 18018 This section must be completed	Did property owner receive a violation notice? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 23010033
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WORK INFORMATION	Reasons for work PRUNING: Crown cleaning Crown elevation Crown restoration Crown reduction Young tree structural Defective part Clear infrastructure REMOVAL: Dead Declining Diseased Damaged Infrastructure conflict OTHER: Explain PA One Call 1-800-242-1776 #	<p>CHECK PERMIT TYPE: (If 2 or more boxes are checked, permit will be issued as Tree-Multi)</p> <p><input type="checkbox"/> REMOVE TREE: # of trees (includes stump grinding): _____ Species: _____ (Note: All removals require replacement within 6 months of the issue date on the removal permit. An additional planting permit is not required if the tree is replaced within the specified time period)</p> <p><input checked="" type="checkbox"/> PRUNE: # of trees: <u>2</u> Species: <u>crabapple</u></p> <p><input type="checkbox"/> PLANT: # of trees: _____ Species: _____ (Unrelated to a removal-refers to new trees planted)</p> <p><input type="checkbox"/> UTILITY PRUNING: Circuit or Job Number: _____</p> <p><input type="checkbox"/> ROOT PRUNE # of trees: _____ Species: _____</p> <p><input type="checkbox"/> PESTICIDE/FERTILIZER APPLICATION: # of trees: _____ Species: _____</p> <p><input type="checkbox"/> GRIND EXISTING STUMP: # of stumps: _____ (Applies to stumps only, such as those left from illegal removals, storm damage, emergencies)</p> <p>Reason For Work: _____ *****IF REQUESTING REMOVAL OF A TREE BECAUSE OF SIDEWALK DAMAGE OR HEAVING, YOU MUST INCLUDE AN ENGINEERING EXCAVATION NUMBER ON THIS PERMIT***** Engineering Excavation permit # _____</p>
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WORK INFORMATION	<p>Required Sketch Draw a detailed sketch of proposed work. Identify all trees, streets, and buildings associated with the property. Include North arrow.</p> <p>Legend: ○ Existing tree to remain × Existing tree to be removed △ Tree to be planted □ Existing tree to be pruned</p>	<p>TAG PROPOSED REMOVALS WITH WHITE MARKING TAPE Use dotted lines as property lines, not curblines.</p> <p>EXAMPLE: →</p> <p>Plant trees: 5' from underground utilities 10' from driveways, alleys, utility poles, fire hydrants 10' from miscellaneous directional, traffic, and street signs 25' from intersections 25' from the front of a stop sign</p>	
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TRAFFIC	Road closure required?	<input type="checkbox"/> YES (signature required) <input checked="" type="checkbox"/> NO If yes, please list streets/locations to be closed: _____ <small>(if yes, contact Public Works Traffic Bureau at 610-997-7960)</small>			
	NO PARKING signs required?	<input type="checkbox"/> YES (signature required) <input checked="" type="checkbox"/> NO If yes, please list streets/locations for NO PARKING signs: _____ <small>(if yes, contact Public Works Traffic Bureau at 610-997-7960)</small>			
	Traffic Superintendent Signature			Date	
ARBORIST	Company Name	Green Shadow Tree Service		License #	2022011
	Licensed Arborist or Authorized Representative	Name: Charles Gimbar		Signature: <i>Charles Gimbar</i>	
	Phone #	610 393 9762	Fax #	610 838 1598	Email
INSURANCE INFORMATION	Name of Insurance Carrier	<input checked="" type="checkbox"/> Check if this information is on file			
	Agent/Broker			Phone #	
	Address				
NOTICE TO APPLICANTS					
<p>All requests are subject to approval by the City of Bethlehem. By signing this application, the PROPERTY OWNER AND CONTRACTOR agree to the rules and regulations as set forth in Article 910 of the City's Codified Ordinances. PROPERTY OWNER acknowledges the requirement to plant replacement tree(s) within six months of the issue date on the permit. Replacement trees not planted within 6 months of the issue date on the removal permit or replacements that do not meet City standards may be replaced by the City. An administration fee of \$300.00 plus all other costs associated with the replacement shall be the responsibility of the owner of record. Whoever violates any provision of City Ordinances, shall, upon conviction thereof, be subject to all associated fines, costs, fees, and penalties. In the case of a permittee's violation of any provisions of these ordinances, the individual designated upon the permit as the owner of the property shall be considered the violator.</p>					
<p>I hereby certify that all information on this form is correct and accurate. I acknowledge I have read and understand the General Rules pertaining to the Street Tree Permit Application. Any error, misstatement or misrepresentation with or without intention can result in revocation of this permit. I agree to indemnify and hold harmless the City of Bethlehem, its employees, agents, officials, representatives, attorneys and assigns from any and all liability, both negligent and non-negligent arising directly or indirectly out of any activities that occur in connection with this event, or out of the acts, errors, or omissions of the undersigned.</p>					
PROPERTY OWNER	Print Name:	Frank Privas			
	Signature:	<i>Frank Privas</i>			Date: 1/12/23
FOR USE BY CITY OF BETHLEHEM ONLY - PERMIT INSPECTION REPORT					
Date received: 1/13/23		Permit Inspection date:		Permit approved: <input checked="" type="checkbox"/> Permit denied: <input type="checkbox"/>	Date: 1/13/23
Replace: <u>N/A</u> Group 1 Group 2 Group 3 NR (not required) # _____				Replacement: <u>N/A</u>	
Instructions/Comments				Results:	
Related Case Number: TR # 23010023				C+ Permit Number:	
City Forester: <i>[Signature]</i>		Date: 1/13/23		Date Applicant Notified: 1/13/23	
Issued by: <i>[Signature]</i>		Date: 1/13/23		phone <input checked="" type="checkbox"/> mail <input type="checkbox"/> Fax <input type="checkbox"/> e-mail <input type="checkbox"/> Other <input type="checkbox"/>	
Permit Expiration: <input checked="" type="checkbox"/> 60 days <input type="checkbox"/> 6 months				<input type="checkbox"/> Emergency/hazard: _____ <input type="checkbox"/> Parkway width: _____ <input type="checkbox"/> Overhead utilities: _____ <input type="checkbox"/> Underground utilities: _____	
5/30/2018					

City of Bethlehem
Department of Public Works
Bureau of Urban Forestry



Permit No. 23010280 Permit Type: PRUNING

Issue Date: January 13, 2023

Fee: \$25.00

Not valid unless receipted by Financial Services.

TREE PERMIT

Permission is hereby granted to the listed property owner to have the following tree work performed by

GREEN SHADOW TREE SERVICE LLC

License # 2022-011

Licensed Arborist

at 836 CENTER ST

Location of tree

Description of Work: PRUNE (2) CRABAPPLE TREES PER VIOLATION 23010033

PROPERTY OWNER NOTE: Tree/stump removal requires tree replacement within 6 months of the issue date of the permit. All newly planted trees shall comply with requirements as found in Article 910 of the City's Codified Ordinances and shall be no less than 2 inches in caliper measured 6 inches above the root flare. Property owner has acknowledged responsibility to provide replacement tree(s) by signing the tree permit application.

NA _____ Tree(s) shall be replaced from Group NA _____ of the City of Bethlehem Approved Street Tree list.
Number _____ Date _____

Species Selection: NA

Notes: _____

NOTIFY THE BUREAU OF URBAN FORESTRY AT 610-865-7073 WITHIN 10 DAYS OF COMPLETION OF THE WORK TO SCHEDULE AN INSPECTION. LEAVE NURSERY TAGS ON NEWLY PLANTED TREES UNTIL AFTER THE INSPECTION.

POST PERMIT AT JOBSITE FOR THE DURATION OF THE PROJECT

Owner: RIVAS THERESA

Applicant: RIVAS THERESA

Address: 836 CENTER ST

Company: GREEN SHADOW TREE SERVICE LLC

BETHLEHEM, PA 18018-2837

Phone: (610) 838-1908

Phone: _____

Approved: MICHAEL ALKHAL
Director of Public Works

EXPIRATION DATE: March 13, 2023 If work is not completed by this date, a new permit will be required. This permit is subject to revocation at any time by the City forester in the event of failure of the permittee to comply with any of the terms or conditions under which permit is granted.

Property owner advisory:

For any work performed by a contractor on behalf of a property owner, the property owner is ultimately responsible to make every reasonable effort to ensure that the contractor performing the work and securing the Permit complies with all standard City requirements; and, at the same time, the City will act responsibly to perform checks on the progress of the work requiring the Permit, as to ensure further that the final work complies with City requirements pertinent to the work. **As a control measure, the City recommends that the property owner withhold at least 50% of the final payment until satisfactory completion of the work.** The property owner may consult with the City forester regarding the work prior to final acceptance and payment.

