

**BOROUGH OF MANSFIELD  
CODE ADMINISTRATION**14 SOUTH MAIN STREET  
MANSFIELD, PA  
(570) 662-2315**SHADE TREE PERMIT  
APPLICATION**

PERMIT #ST - Date: / / Cost: \$

Project Address:

Owner of Property :

Name

Phone #

Mailing Address :

Street#

City

State

Zip

Contractor/Applicant :

Name

Phone #

Mailing Address :

Street #

City

State

Zip

Proposed type of Work (check  
One)

- ☐
- New plantings
- 
- ☐
- Trimming
- 
- ☐
- Removal
- 
- ☐
- Other (explain)

Existing Use of  
Land/Building

## BUILDING TYPE

- ☐
- SINGLE FAMILY
- 
- ☐
- DUPLEX
- 
- ☐
- MULTI-FAMILY
- 
- ☐
- COMMERCIAL/INDUSTRIAL
- 
- ☐
- ACCESSORY STRUCTURE
- 
- ☐
- Other (explain)

Estimated Cost

## DISCRIPTION OF WORK (ALSO SHOW PLOT PLAN ON LAST PAGE)

ESTIMATED START \_\_\_\_/\_\_\_\_/\_\_\_\_

ESTIMATED FINISH \_\_\_\_/\_\_\_\_/\_\_\_\_

ESTIMATED COST \$ \_\_\_\_\_

**CERTIFICATION**

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION. I ALSO CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUTHFUL, AND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THE PERMIT MY BE REVOKED. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIALS AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT. IF A PERMIT IS ISSUED I UNDERSTAND THAT IF A PERMIT IS ISSUED WRONGFULLY, WHETHER BASED ON MISINFORMATION OR AN IMPROPER APPLICATION OF THE CODE, THE PERMIT MAY BE REVOKED.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Fill in applicable information ( Check primary contact person)

☐

Owner \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

☐

Contractor \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_



**PLOT PLAN: Sketch plan here or attach drawing to application**

**DO NOT WRITE BELOW THIS LINE---OFFICE USE ONLY**

Zoning District <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> B-3 <input type="checkbox"/> 0-1 <input type="checkbox"/> M-1 <input type="checkbox"/> P-1  Setbacks _____ Front Side Rear  Map Number _____ Deed/Ref _____ / _____	<input type="checkbox"/> Codes & Zoning      Date ____/____/____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Zoning Hearing Board      Date ____/____/____  Type of Appeal _____ Results or Conditions _____  <input type="checkbox"/> Planning Commission      Date ____/____/____ <input type="checkbox"/> Borough Engineer      Date ____/____/____ <input type="checkbox"/> Other      Date ____/____/____	<div style="border: 1px solid black; padding: 2px;"><b>Reviews Required</b></div> <div style="border: 1px solid black; padding: 2px;"><b>Inspections Required</b></div> <input type="checkbox"/> Site  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Final
<b>DRAWINGS</b> <input type="checkbox"/> SITE PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ARCHITECTURAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DRAWINGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER _____  <b>STORM WATER MANAGEMENT PLAN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<div style="border: 1px solid black; padding: 2px;"><b>VALIDATION</b></div> Number _____ Date _____ 2006-____/____/____ <b>FEEES</b>  Permit Fee _____  Total Fees _____	

☐ APPROVED      ☐ DENIED, REASON : \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INSPECTION RECORD		
DATE	NOTE PROGRESS - CORRECTIONS AND REMARKS	INSPECTOR