BOROUGH OF SEWICKLEY HEIGHTS
TREE REMOVAL AND PROTECTION PLAN SUBMISSION FORM

1. Full Name of Applicant: ____________________________________________
   Address of Applicant: _____________________________________________
   Telephone No.: _____________ (Office) _____________ (Cell) E-mail: ______________

2. Full Name of Landowner (if different from Applicant): ________________________________
   Address of Landowner: _____________________________________________
   Telephone No.: _____________ (Office) _____________ (Cell) E-mail: ______________

3. Name of General Contractor (if different from Applicant): ____________________________
   Address of General Contractor: ___________________________________________
   Telephone No.: _____________ (Office) _____________ (Cell) E-mail: ______________

4. Name of Certified Arborist/Landscape Architect/Preparer of Plan: _______________________
   Address of Preparer: ________________________________________________
   Telephone No.: _____________ (Office) _____________ (Cell) E-mail: ______________

5. Brief Description of Proposed Tree Removal Activities (development site preparation, building and grading envelopes, structures, access, utilities, infrastructure improvements, etc.): ____________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. Application to which this Plan relates: (check all that apply)   _____ Zoning Permit Application
   _____ Subdivision Application   _____ Land Development Application   _____ Building Permit Application
   _____ Grading Permit Application   _____ Open Cut Permit Application   _____ Other

7. Property Information: Address: _____________________________________________
   Character Area:  □ Estate □ Farm Zoning District: _____________________________
   Lot Type(s): Equestrian/Meadow/Woodland Preserve/Hamlet/Mixed Element/Cottage/Townhouse-Condo (Circle One)
   Watershed: _____________ Little Sewickley Creek _____________ Ohio River _____________ Kilbuck Run
8. **Project Information:** Anticipated Start Date: ___________ Anticipated Completion Date: ___________

If Project is to be completed in sections or stages, describe: ____________________________

Total Area to be Disturbed (acres/square feet): ____________________________

Describe tree removal activities in the Preservation Zone and/or the Selective Clearing Zone: ____________________________

Is development site located in an area of mature woodlands, floodplains, wetlands, excessive slopes, landslide-prone soils, or watercourses? _____ Yes _____ No

If yes, describe: ____________________________

Describe how trees to be preserved on the development site will be protected during removal activities: ____________________________

Description of Proposed Hauling Route: ____________________________ (Attach copy of state and/or county hauling permit, as applicable)

9. **Confirm dates of completion of the following (no Submission will be accepted until completed or waived):**

Pre-Design Meetings (HARB)*: ___________ Walking Tour*: ___________

Pre-Application Meetings (HARB): ___________ Borough Staff Conference: ___________

Pre-Submission Sketch Meetings (Planning Commission)**: ___________

*Required if Plan is related to construction of an addition, certain accessory structures, a new principal structure, or a Subdivision or Land Development

**Required if Plan is related to a Subdivision or Land Development

10. **Submit the following, as applicable (consult with Zoning Officer):**

TREE REMOVAL AND PROTECTION PLAN: Submit two (2) paper sets and one (1) electronic copy of the Tree Removal and Protection Plan with information required by the Tree Protection and Timber Harvest Management Ordinance.

OTHER PLANS AND PERMITS REQUIRED: Yes No* Included To Come

1. Grading Plan/Permit
2. Erosion & Sediment Pollution Control Plan
3. Stormwater Management Plan
4. Landscape and Site Development Plan
5. ACCD Review/NPDES Permit
6. Stream Encroachment Permit
7. County/State Highway Occupancy Permit

* Zoning Officer must confirm that other permits and plans are not required.

11. **Initial Escrow Deposit:** Attach a check payable to the Borough in the amount of $ __ N/A
12. **Required Inspections.** THE APPLICANT IS RESPONSIBLE FOR SCHEDULING ALL NECESSARY INSPECTIONS. Prior to commencing development/construction/excavation activities pursuant to an approved Permit or Plan, the Applicant must schedule a meeting with the Zoning Officer and the Borough Engineer to deliver an inspection schedule and/or to confirm an inspection schedule provided in the Borough Engineer’s review letter. The Zoning Officer and the Borough Engineer, as applicable, will inspect on the agreed upon dates, unless the Applicant notifies the appropriate inspecting officer at least seventy-two (72) hours in advance that the date of inspection must be rescheduled. **Failure to notify the inspecting officer of a change in the inspection schedule will result in the assessment of inspection fees.**

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**NOTICE:** The Tree Removal and Protection Plan Submission Form shall not be deemed filed until this form is fully completed, all necessary documents are submitted, and all other requirements are completed, as determined by the Borough’s Zoning Officer. The date the Borough receives the initial submission, as noted above, should not be construed as the Applicant’s filing date.

By execution hereof, the undersigned hereby certifies that the statements made herein are true and correct to the best of his/her knowledge and belief.

**Signature of Applicant**: ____________________________  **Date**: ____________________________

**Print Name**: ____________________________

*If the Applicant is not the Landowner, attach an affidavit of the Landowner (i) authorizing the Applicant to act on behalf of the Landowner, and (ii) approving this Submission.

**To be completed by Zoning Officer:**

**Borough Fee Received (in dollars):** __________  **Date**: ____________________________

**Escrow Deposit Received (in dollars):** __________  **Date**: ____________________________