



CITY OF BUTLER SHADE TREE COMMISSION

Butler City Building

140 W. North St.

Butler, PA, 16001

ButlerCityShadeTree@gmail.com

payment received

Shade Tree Permit Application

please return completed form and check to address above

Property Owner Information

Authorized Agent Information

Name _____

Address _____

Phone _____

Email _____

Address of work site (if different than above)

☐ Tree Maintenance - including pruning and/or treatment

☐ Tree Removal

☐ Tree Planting

Please return this form along with a check for \$10.00 made out to "City of Butler"

You will be mailed appropriate information and permit application
for type of work you are requesting within 7 days of receiving this form.

You also have the option to bring in the form & check and pick up the appropriate permit application.

do not write below this line

Date Received: _____

Date Information is sent: _____

Signed: _____