

## Township of Salisbury

LEHIGH COUNTY, PA

Appeal No.:
Date Received:
Foot

## SHADE TREE APPEAL APPLICATION

A. Property & Applicant Information:
Site Address:
Property Owner:
Address:
Phone:
Email:
Applicant (if different):
Address:
Phone:
Email:
B. Representation by Counsel:
Law Firm:
Attorney's Name:
Address:
Phone:
Email:
C. Appeal Information:
Number of Trees Included in Appeal:
Date Tree(s) Removed:
Reason for Appeal/Explanation of Hardship:
<ol> <li>State special circumstances or conditions applicable to the property which are unique, and which do not exist for other properties in the same subdivision and immediate vicinity.</li> </ol>
2. State the property's specific hardship – why it is not possible to replant a street tree in strict conformity with the Shade Tree Ordinance 06-2010-560 (6/24/2010).

SITE ADDRESS:	DDRESS: APPEAL NO.:					
D. Authorization & Certific	ation:					
* The applicant hereby grand Municipal Staff and/or Salis in order to view the premise and authorizes the same indi- exhibits at the Hearing. Ad- data and aerial photographs,	sbury Township Sh s in conjunction wit ividuals to take pho ditional information	ade Tree Heari th this appeal. tographs during 1, including, bu	ng Board to enter The applicant als g their visit(s) an t not limited to, l	r the subject o grants pe d present th Lehigh Cou	t property rmission nem as nty GIS	
* The applicant certifies tha	at all information pr	esented in this	appeal application	n is correct	•	
Applicant Signature:	Date:					
	FOR OFF	ICE USE ONL	Y			
Original Tree Removal Application Number:				□ Not Applicable		
Original Tree Removal Permit Issue Date:				□ Not Applicable		
Violation Number:				□ Not Applicable		
Violation Date:	olation Date: Issued By:				□ Not Applicable	
Hearing Date:						
Decision:						
		1				
BOARD MEMBER	PRESENT	MOTION MADE BY	SECONDED BY	YES	<u>NO</u>	
					44/11/1/	