



TECHNICAL SERVICES

APPLICATION FOR PERMIT TO PRUNE/REMOVE TREE (S)

APPLICANT INFORMATION

Applicant Name:

Postal Address:

Contact No: Mobile:

Email:

Address where tree/s is located:

.....

Signature: Date:

OWNERS CONSENT

(If applicant is NOT the owner of the property the Owner / Managing Agent / Secretary of the Body Corporate must consent to the lodging of this application by completing and signing the section below)

Name:

Postal Address:

Signature of Owner: Date:

APPLICATION TYPE

- Application to Prune
- Application to Remove

REASONS FOR PRUNING / REMOVAL

- | | | |
|---|--|--|
| <input type="checkbox"/> Inappropriate Location | <input type="checkbox"/> Inappropriate Species | <input type="checkbox"/> Structural Damage |
| <input type="checkbox"/> Plumbing Problems | <input type="checkbox"/> Overhanging Residence | <input type="checkbox"/> Dying |
| <input type="checkbox"/> Overhanging Neighbours | <input type="checkbox"/> Overhanging Wires | <input type="checkbox"/> Diseased |
| <input type="checkbox"/> Dangerous | <input type="checkbox"/> Solar Access | <input type="checkbox"/> Sight lines |

Other (Please specify).....

.....

Has a DA been lodged with Council or approved in relation to this property?

- Yes
- No
- DA No:.....

Please complete both sides



TREE INFORMATION

(Please provide Common/Botanic name of tree/s species if known; refer to ToMP Tree Species Index) * Estimate Only

TREE 1

Species:

*Height:*Canopy Width:

TREE 2

Species:

*Height:*Canopy Width:

Please attach arborist’s report or any other documentation that will assist in assessing this application

#Development consent is required to prune/remove any tree listed on Council’s Significant Tree Register, located within a Heritage Conservation Area. This is not an application for Pruning/Removal of Significant Trees.

SKETCH

Please provide a sketch of the location of the tree/s you are applying for a permit to prune/remove.

Include Street/Road name, North arrow, Crossovers, and Footpaths.