9. Authority Employee / Member	
With respect to the Authority, I am:	
(a) a member of staff (c) related to a member of staff	Do any of these statements apply to you?
(b) an elected member (d) related to an elected member	Yes No
If Yes, please provide details of the name, relationship and role	
10. Application For Tree Works - Checklist Only one copy of the application form and additional information (Question 8) is required. Please use the guidance and this checklist to make sure that this form has been completed correctly and that all relevant information is submitted. Please note that failure to supply precise and detailed information may result in your application being rejected or delayed. You do not need to fill out this section, but it may help you to submit a valid form.	
A sketch plan showing the location of all trees (see Questio	n 8)
For all trees	
(see Question 7) • Clear identification of the trees concerned	×
A full and clear specification of the works to be carried out	⊠
·	
For works to trees protected by a TPO (see Question 7)	
Have you:	
stated reasons for the proposed works?	
• provided evidence in support of the stated reasons? in particular:	
 if your reasons relate to the condition of the tree(s) - written evidence from an appropriate expert 	
 if you are alleging subsidence damage - a report by an appropriate engineer or surveyor 	
and one from an arboriculturist.	
 in respect of other structural damage - written technic 	cal evidence
• included all other information listed in Question 8?	
11. Declaration - Trees I/we hereby apply for consent/give notice for tree work as described in this form and the accompanying plans and additional information. Date (DD/MINI/ 1717). (This date must not be before the date of sending or hand-delivery of the form)	
12. Applicant Contact Details	13. Agent Contact Details
Telephone numbers	Telephone numbers
Extension Country code: National number: number:	Country code: National number: Extension number:
	01452 427 166
Country code: Mobile number (optional):	Country code: Mobile number (optional):
	07716 084 622
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):

Electronic communication - If you submit this form by fax or e-mail the LPA may communicate with you in the same manner. (Please see guidance notes)