

### Authority Employee / Member

respect to the Authority, I am:

- member of staff
- (c) related to a member of staff
- an elected member
- (d) related to an elected member

Do any of these statements apply to you?

- Yes
- No

please provide details of the name, relationship and role

NOBANDANT TREE SURGEON

### Application For Tree Works - Checklist

One copy of the application form and additional information (Question 8) is required. Please use the guidance and this checklist to ensure 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. It may help you to submit a valid form.

#### Sketch Plan

- A sketch plan showing the location of all trees (see Question 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 technical evidence
- included all other information listed in Question 8?

### 11. Declaration - Trees

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

[Redacted Signature Boxes]

Date (DD/MM/YYYY):

06/11/2023

(This date must not be before the date of sending or hand-delivery of the form)

### 12. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

[Redacted Telephone Number Fields]

Country code: Mobile number (optional):

[Redacted Mobile Number Field]

Country code: Fax number (optional):

[Redacted Fax Number Field]

Email address (optional):

[Redacted Email Address Field]

### 13. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

[Redacted Telephone Number Fields]

Country code: Mobile number (optional):

[Redacted Mobile Number Field]

Country code: Fax number (optional):

[Redacted Fax Number Field]

Email address (optional):

[Redacted Email Address Field]

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)