9. Authority Employee / Member	
With respect to the Authority, I am: (a) a member of staff (c) related to a member of staff	Designation (A series as a
(a) a member of staff (c) related to a member of staff (b) an elected member (d) related to an elected member	Do any of these statements apply to you?
(d) related to all elected member	Yes
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 (Qu	voction (Vic required Diagrams the guideness of the last the
make sure that this form has been completed correctly and that all re supply precise and detailed information may result in your applicatio but it may help you to submit a valid form.	levant information is submitted. Please note that failure to
Sketch Plan	The first place Wadge of the control
 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?	Institutes (in section results from VIII)
 provided evidence in support of the stated reasons? in partic 	tular:
 if your reasons relate to the condition of the tree(s) - wr 	itten evidence from an
appropriate expert	The discontinues and the second secon
 if you are alleging subsidence damage - a report by an a and one from an arboriculturist. 	appropriate engineer or surveyor
• in respect of other structural damage - written technica	l evidence
• included all other information listed in Question 8?	
11. Declaration - Trees	
I/we hereby apply for planning permission/consent as described in thi	s form and the accompanying plans/drawings and additional
information. I/we confirm that, to the best of my/our knowledge, any f genuine opinions of the person(s) giving them.	acts stated are true and accurate and any opinions given are the
	Or signed - Agent:
and the second s	
Date (DD/MM/YYYY):	Name and the state of the state
(This date must not be before the date	
of sending or hand-delivery of the form)	A Care than a subject to the control of the control
12. Applicant Contact Details	13. Agent Contact Details
Telephone numbers	Telephone numbers
Extension	Extension
Country code: National number: number:	Country code: National number: number:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
	The state of the s

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)