9. Authority Employ With respect to the Author (a) a member of staff (b) an elected member If Yes, please provide det	ree / Member rity, I am: (c) related to a member of staff (d) related to an elected member ails of the name, relationship and role	D [o any of these statemer Yes	nts apply to you?	
10. Application For	Tree Works - Checklist				
Only one copy of the app	lication form and additional informatior nas been completed correctly and that a ed information may result in your applic	Il relevant informa	ation is submitted. Pleas	e note that failure	LO
Sketch Plan					
 A sketch plan sh 	owing the location of all trees (see Ques	tion 8)			
	on of the trees concerned pecification of the works to be carried o	ut			
For works to trees prote (see Question 7)					
Have you:					
 stated reasons f 	or the proposed works?				
if your reas appropif you are a and onin respect	nce in support of the stated reasons? in possible to the condition of the tree(s) riate expert lleging subsidence damage - a report by a from an arboriculturist. Of other structural damage - written techner information listed in Question 8?	- written evidenc			
11. Declaration - Tro I/we hereby apply for pla information. I/we confirm genuine opinions of the p Signed - Applicant: Date (DD/MM/YYYY): O / // 2015	nning permission/consent as described a that, to the best of my/our knowledge, person(s) giving them.	Or sig	ne accompanying plans, re true and accurate and	drawings and addid any opinions give	tional n are the
12. Applicant Conta	act Details	13. Agen	t Contact Details		
Telephone numbers Country code: Country code: Mobile Country code: Fax numbers Fax numbers	number: number (optional): mber (optional):	Country co	de: National number: de: Mobile number (5770379	optional):	Extension number:
Email address (optional)	:		egleten (a)	Tahoo-Co.	n.

Electronic communication - If you submit this form by fax or e-mail the LPA may communicate with you in the same manner.