

REF: 2017/3609/1

9. Authority Employee / Member

With respect to the Authority, I am:

- (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?

☐ 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.

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 consent/give notice for tree work as described in this form and the accompanying plans and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

3/10/2017

(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:
Country code: Mobile number (optional):
Country code: Fax number (optional):
Email address (optional):

13. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:
Country code: Mobile number (optional):
Country code: Fax number (optional):
Email address (optional):

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