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TR10 REQUEST FOR PERMISSION TO REMOVE – DEAD, DYING OR DANGEROUS

DA No.	
Property No.	
Date Received	d:
CSO:	
 NO FEE R FORM 	EQUIRED WITH THIS
RECORDS	S/CUSTOMER SERVICE

OFFICE USE

ONLY

FORWARD THIS FORM TO
ENVIRONMENTAL SERVICES

APPLICANT

Name:		
Address:		
Phone (Home):	(Business):	
(Mobile:		

OWNER

1.	Name:
	Address:
	Phone:
2.	Name:
	Address:
	Phone:
3.	Name:
	Address:
	Phone:

PROPERTY DESCRIPTION

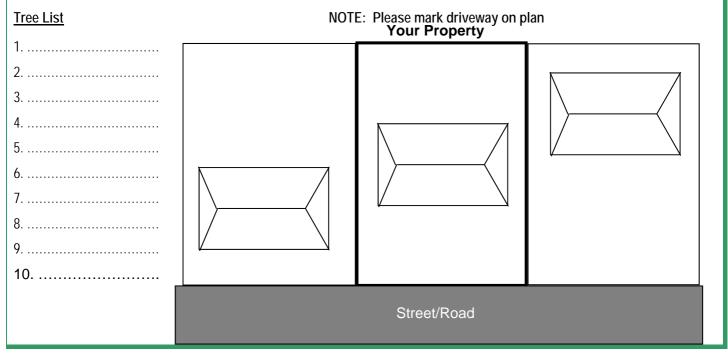
Lot: Deposited Plan No.: .	
Street:	
Locality:	
Will it be necessary for the inspecting Officer to make special arrangements for	r access into your property? (eg., Security, dogs etc.)

Yes No If Yes, Contact Name: DESCRIPTION OF PROPOSED DEVELOPMENT

Nature of Tree Clearance:	Number of Tree/s to be PRUNED:	
	Number of Tree/s to be REMOVED:	
Reason for Application:		
Attach where appropriate copies of supporting reports or photographs.		

INSPECTION DIAGRAM

Mark tree/s to be inspected with a cross (x) in relation to the house and number as listed. Identify the tree/s or vegetation to be inspected by name, if possible. The diagram below is for residential, industrial and commercial properties. For rural properties please include a scaled site plan showing trees to be removed in relation to other key site features (eg. dams, structures).



OWNER'S CONSENT

Must be signed by the owner of the land. If more than one owner, every owner must sign. If the owner is a Company or Owners Association, this must be signed by a director or secretary (or authorised delegate) under common seal, company letterhead or Statutory Declaration.

As owner(s) of the land to which this application relates. I/We consent to this application. I/We also give consent for authorised Council officers or agents to enter (without prior notice) the land to carry out inspections.

Name & Address:

Owners Signature: Date:

If you are signing on the owner's behalf as the owner's legal representative, please state the nature of your legal authority and attach documentary evidence (eg., Power of attorney, executor, trustee, company director).

Ownership Requirements for Companies:

Evidence required as proof of ownership for Companies:

- 1. The Company Seal is to be stamped on the Development Application form at the Owners Consent Section.
- 2. Company Letterhead with ALL Directors' signatures stating that they have authority to act on behalf of the Company. OR
- 3. A Statutory Declaration (from the Oaths Act. 1900-1953) with Directors' signatures declaring that they have capacity to sign on behalf of the company.

HELPFUL DOCUMENTATION:

- Any photos
- Any tree reports or statements from a qualified arborist

Available from Council's website http://www.wollondilly.nsw.gov.au or phoning (02) 4677 1100.

COUNCIL OFFICE:

Wollondilly Shire Council 62-64 Menangle Street PICTON NSW 2571

Postal Address: P O Box 21, PICTON NSW 2571

Phone: (02) 4677 1100 Fax: (02) 46772 339 Email: <u>council@wollondilly.nsw.gov.au</u> Web: www.wollondilly.nsw.gov.au

PRIVACY STATEMENT:

Wollondilly Shire Council is collecting personal information from you on this form for the purpose of assisting the determination process of your application. This information is required by law and failure to provide the information may lead to rejection or delays of your application. At any time you have the right to access, view or correct the personal information that you have provided. Please also note that information supplied on this document may be the subject of a request to access information under the *Government Information (Public Access) Act 2009 [GIPAA].*

TRIM 260#174