



Weddin Shire Council
Application under Tree Preservation Order

Receipt No _____

Date _____

(Checklist to be completed prior to determination of Tree Removal Permit)

Applicant's Name: _____

Applicant's Address: _____

Address of Property: _____

Property Owner if not the Applicant: _____

Signature of Property Owner _____ Date _____

- | | | | |
|---|---|------------------------------|-----------------------------|
| 1 | Does the tree meet Council's definition of 'tree'?
<i>(Refer to Tree Preservation Order)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Does the proposed lopping meet Council's definition of 'lopping'? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Is the proposed tree removal/lopping exempt from Council's TPO? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Is the tree exempt due to being dead, dying and immediately dangerous? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answers to questions 1 and 2 are "No", and question 3 "Yes" approval is not required to proceed with removal or lopping. Please forward signed form to Council.

If the answer to questions 4 is "Yes" please forward signed form and required documentation to Council.

- | | | | |
|---|---|------------------------------|-----------------------------|
| 5 | Have you liaised with both the Parks & Gardens Supervisor and the Environmental Health and Building Surveyor on the following issues? | | |
| | (a) Safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (b) Significance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (c) Damage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (d) Alternatives to removal/lopping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Is the tree within the Grenfell Heritage Conservation Area OR adjacent to a Heritage Listed Structure or item? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Has Council's Heritage Advisor made a recommendation relating to the premises that includes tree retention/management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, give details:

- | | | | |
|---|--|------------------------------|-----------------------------|
| 7 | Is an additional/joint inspection or professional advice required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|--|------------------------------|-----------------------------|

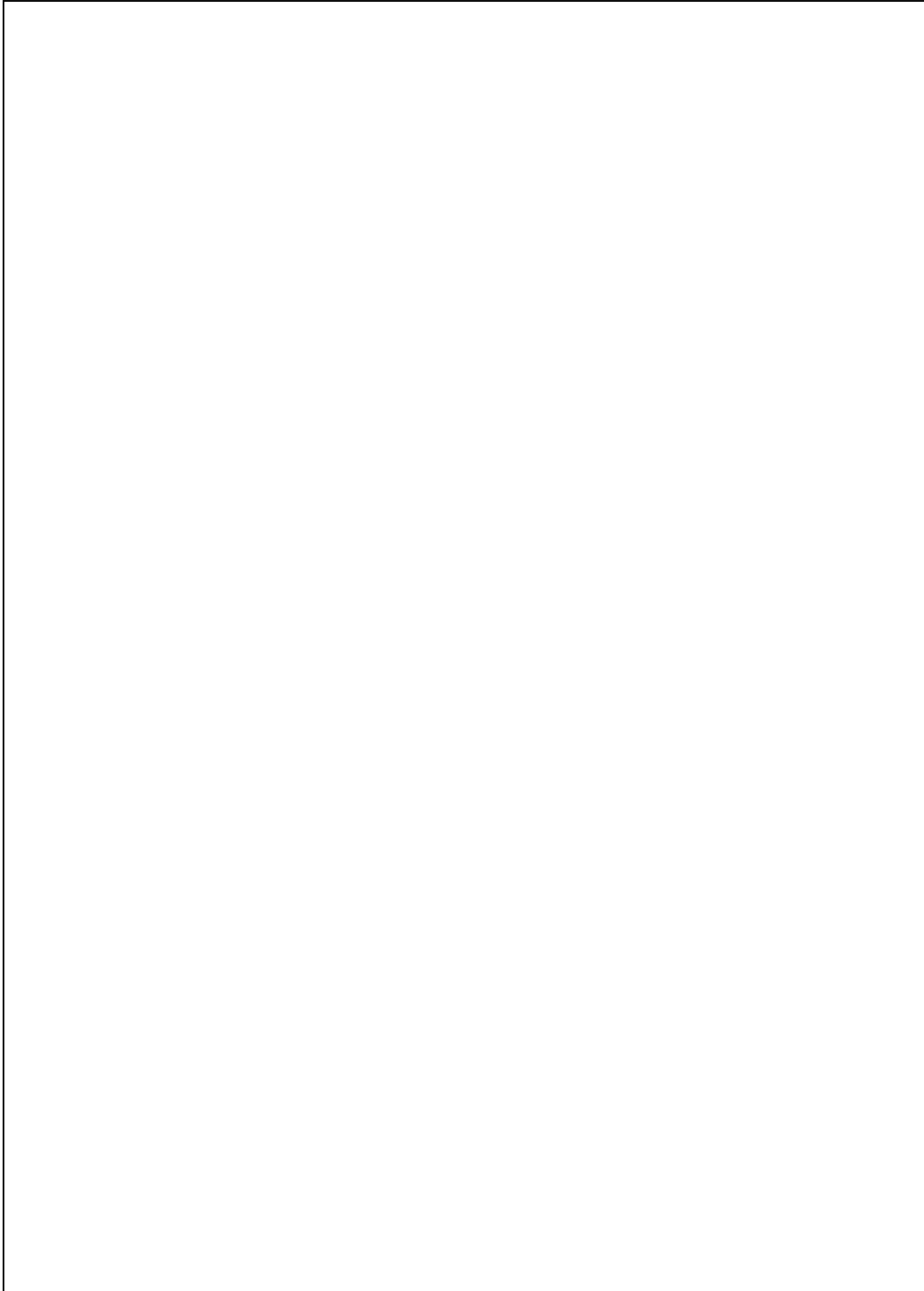
If yes, by whom:

- | | | | |
|---|---|------------------------------|-----------------------------|
| | (a) Tree doctor/Horticulturalist | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (b) Other/s Who? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 | Have you requested the assistance of Council's Parks & Gardens Supervisor for the selection of suitable species for the replacement of trees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 9 Type of Tree –

Location of Tree (Site Plan over page)

Site Plan



Office Use Only

Is Approval required from Council?

Yes

No

Are special conditions required (If Yes, please attach copy to Application)

Yes

No

Name of Authorised Officer _____ Signature _____ Date _____