

TREE PERMIT APPLICATION FORM
Environmental Planning and Assessment Act,
1979

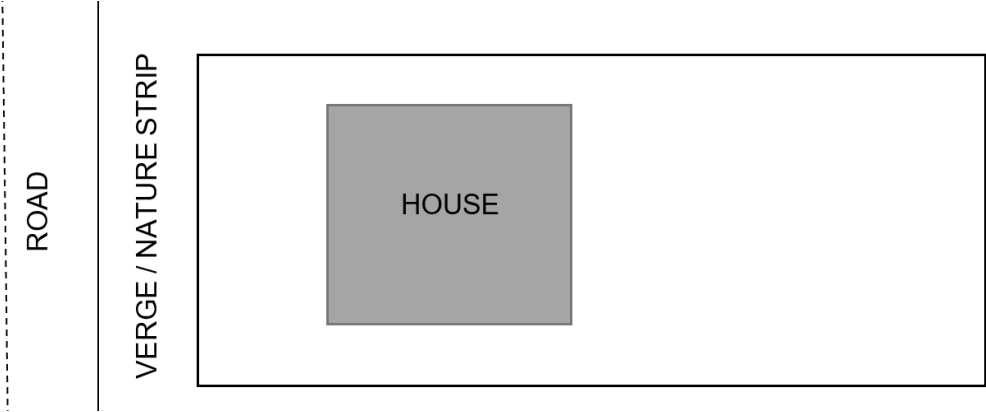
The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

**PLEASE REFER TO COUNCIL'S TREE MANAGEMENT WEBPAGE
BEFORE COMPLETING THIS FORM**

Application Number: TA _____ / _____ **Fees Paid** \$ 168.00

Part 1: Property Owner Consent	Owner 1	Name	
		Address	
		Phone Number	
	Owner 2	Name	
		Address	
		Phone Number	
	Agent's Details and Authority (if applicable)		
	<p>As owner(s) of the land to which this application relates, I/we:</p> <ul style="list-style-type: none"> • Consent to this application • Consent to authorised Council officers or agents entering (without prior notice) the land to carry out inspections. • Declare that all information given is true and correct to the best of our knowledge • Understand that if the application is incomplete, the application may be delayed or rejected. • Understand that Council may request additional information. <p><i>This form must be signed by all owners of the land or by their legal representatives. If there are more than two owners please attach separate authorisation. If the owner is a Company or Owners' Association, this must be signed by a Director or Secretary or authorised delegate and under common seal. If an agent is lodging then a copy of their authority must be provided.</i></p>		
	Owner 1 Signature		Date
	Owner 2 Signature		Date
Part 2: Applicant Details	Contact Name:		
	Company Name (if applicable):		
	ABN (if applicable):		
	Postal Address / DX:		
	Phone:		Alternative Phone:
Email:			

**DO NOT USE THIS FORM FOR A TREE THAT POSES A RISK TO LIFE OR PROPERTY.
PLEASE USE COUNCIL'S DEAD, DYING OR DANGEROUS TREE APPLICATION FORM INSTEAD**

Part 3 Site Details	Property Address:					
	Nearest Cross Street:					
	Lot:		DP:		Section (if applicable):	
	Will it be necessary to make special arrangements to inspect the site? YES NO (eg security, dogs)					
	If YES, contact name:			Contact Phone:		
Part 4: Tree Details	Mark on the site plan below the location of the trees to be inspected with a cross (x) and number accordingly. Please also mark the driveway on the plan.					
						
	Please complete ALL information in the table below.					
	Tree	Prune / Remove	Approx Height	Common Name	Scientific Name	Reason for Removal / Pruning
	1					
	2					
	3					
Note: This form can only be used for up to four trees.						
Part 5: Supporting Information	Are any of the trees to be pruned or removed more than 10m in height?					YES NO
	If YES, you must provide a report from a qualified Arborist.					
	Is your reason for removal because the tree is damaging pipes?					YES NO
	If YES, you must provide a report from a licensed Plumber.					
	Is your reason for removal because the tree is damaging a building?					YES NO
	If YES, you must provide a report from a qualified Structural Engineer.					
	Have you applied for a Permit or Development Application to remove trees in the last 5 years?					YES NO
If YES, What was the Application Number?						
How many trees have been removed?						
Insert credit card details to be debited		Type of Card (Please tick)		<input type="checkbox"/> Mastercard <input type="checkbox"/> Visacard <input type="checkbox"/> AMEX		
		Amount		\$		
		Credit Card No.				
		Card Expiry Date				CVV
		Cardholders Name				
		Cardholders Signature				
		Contact Phone Number				
ALL CREDIT CARD PAYMENTS WILL INCUR A MERCHANT SERVICE FEE SURCHARGE OF 0.6% VISA and MASTERCARD, 0.8% AMEX						

DATA AND DOCUMENT CONTROL

Lodging this Form	<p>Address this application to:</p> <p>General Manager Campbelltown City Council</p> <p>You can send the application to us by:</p> <p>Mail: PO Box 57, CAMPBELLTOWN NSW 2560</p> <p>DX: DX5114, CAMPBELLTOWN NSW</p> <p>Courier or Personal Delivery:</p> <p>Cnr Queen Street & Broughton Street CAMPBELLTOWN NSW</p> <p>Email: council@campbelltown.nsw.gov.au</p>	<p>How to contact us:</p> <p>Phone: (02) 4645 4000 Email: council@campbelltown.nsw.gov.au</p> <p>Fees:</p> <p>Please refer to Council's Fees and Charges located on Council's website. You can pay by cash, credit card or cheque payable to 'Campbelltown City Council'</p> <p>Do not send cash in the mail Please complete a Credit Card Authorisation if required, which can be downloaded from Council's website: www.campbelltown.nsw.gov.au/formsandpolicies</p>
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