## **OPERATIONAL SERVICES**

Cnr Queen and Broughton Streets (PO Box 57) Campbelltown NSW 2560 Phone: (02) 4645 4000 Email: council@campbelltown.nsw.gov.au

## DEAD, DYING OR DANGEROUS TREE APPLICATION FORM State Environmental Planning Policy (Biodiversity & Conservation) 2021, Chapter 2

CAMPBELLTOWN CITY COUNCIL

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

Applicat	tion Number: [	ТОДС							
		Name							
	Owner 1	Address							
		Phone Number							
	Owner 2	Name							
		Address							
		Phone Number							
	Agent's Details and Authority (if applicable)								
sent									
Property Owner Consent									
	<ul> <li>As owner(s) of the land to which this application relates, I/we:</li> <li>Consent to this application</li> </ul>								
Part 1: y Owner		nis application authorised Council officers or agents entering (wi	ithout prior notice) the land to carry out						
Property	inspections.								
	<ul> <li>Declare that all information given is true and correct to the best of our knowledge</li> <li>Understand that if the application is incomplete, the application may be delayed or rejected.</li> </ul>								
	Understand that Council may request additional information.								
	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.								
	Owner 1 Signatu	ire	Date						
	Owner 2 Signat	ure	Date						
: etails	Contact Name:								
	Company Name (if applicable):								
	ABN (if applicable):								
Part 2 cant De	Postal Addres	ss / DX:							
Part 2 Applicant D									
App	Phone: Alternative Phone:								
-	Email:								

	Property Address:											
ils	Nearest Cross Street:											
Part 3 e Deta	Lot: DP: Section (if applicable):											
Part 3 Site Details	(eg se	<b>t be nece</b> s ecurity, do <b>S, contac</b>	ogs)	e special arrang	jements to	inspect the Contact F		YES	NO			
	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. If your lot is rural or irregularly shaped, please attach a separate site plan.											
Part 4: Tree Details		ROAD	VERGE / NATURE STRIP	НО	USE							
	Please complete ALL information in the table below.											
	Tree	Prune / Remove	Approx Height	Common Nam	ne Scie	entific Name	Reason for F	Removal / Pi	runing			
	1											
	2											
	3											
	4											
	Please attach additional pages if more than four trees are involved in your application.											
••	Number of Trees					Fee						
irt 5 ees	1, 2, 3 or 4 trees						\$160					
ees ees				4 trees			\$160					
Part 5: Fees						\$32.27 per	\$160 tree more t	han 4 tree	s + \$10			
Part 5 Fees			1, 2, 3 or 4 5 or more			\$32.27 per		han 4 tree	s + \$1			
Fees		ss this appl	1, 2, 3 or 4 5 or more ication to:	e trees				han 4 tree	s + \$1			
	Ge	neral Manag	1, 2, 3 or 4 5 or more	e trees	How to co	ntact us:		han 4 tree	s + \$1			
	Ge Cit	neral Manag y Council	1, 2, 3 or 4 5 or more ication to: er Campbelltowr	e trees	Phone: (02	ntact us: 2) 4645 4000	tree more t		s + \$1			
	Ge Cit You ca	neral Manag y Council an send the a	1, 2, 3 or 4 5 or more ication to:	e trees	Phone: (02 Email: cou	ntact us:	tree more t		s + \$1			
	Ge Cit You ca <b>Ma</b>	neral Manag y Council an send the a <b>il:</b> PO Box 57	1, 2, 3 or 4 5 or more ication to: er Campbelltowr application to us	e trees n by: WN NSW 2560	Phone: (02 Email: cou <b>Fees:</b>	ntact us: 2) 4645 4000 ncil@campbellt	own.nsw.gov.a	u				
Lodging this Form Fees	Ge Cit You ca <b>Ma</b> DX	neral Manag y Council an send the <b>il:</b> PO Box 57 <b>:</b> DX5114, CA	1, 2, 3 or 4 5 or more ication to: er Campbelltowr application to us 7, CAMPBELLTOV	e trees n by: WN NSW 2560	Phone: (02 Email: cou <b>Fees:</b> You can pa	ntact us: 2) 4645 4000	own.nsw.gov.a	u				

CAMPBELLTOWN NSW

Email: council@campbelltown.nsw.gov.au

can be downloaded from Council's website:

www.campbelltown.nsw.gov.au/formsandpolicies