| 9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member  | Do any of these statements apply to you?   |
|--|--|
| If Yes, please provide details of the name, relationship and role  | Yes  |
|  |  |
| 10. Application For Tree Works - Checklist   |  |
| Only one copy of the application form and additional information (Question 8) is remake sure that this form has been completed correctly and that all relevant information may result in your application being reject but it may help you to submit a valid form. | equired. Please use the guidance and this checklist to<br>nation is submitted. Please note that failure to<br>ted or delayed. You do not need to fill out this section |
| 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 experience:   | N  |
| A full and clear specification of the works to be carried out  |  |
| For works to trees protected by a TPO (see Question 7)   | 72   |
| 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     appropriate expert  |  |
|  |  |
| <ul> <li>if you are alleging subsidence damage - a report by an appropriate en and one from an arboriculturist.</li> <li>in respect of other structural damage - written technical evidence</li> </ul>   | gineer or surveyor   |
| included all other information listed in Question 8?   |  |
| 11. Declaration - Trees  |  |
| I/we hereby apply for planning permission/consent as described in this form and the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.  Signed - Applicant:                                       | accompanying plans/drowings and additional given are the   |
|  |  |
| Date (DD/MM/YYYY):   | · ·  |
| (This date must not be before the date of sending or hand-delivery of the form   |  |
| 12. Applicant Contact Details  |  |
| Felephone numbers  |  |
| Country code: National number: Extension number:   | Extension  |
|  | number:  |
| Country code: Mobile number (optional):  |  |
| Country code: Fax number (optional):   | 5  |
| Country code:  | rax number (optional):   |
| mail address (optional):   | optional):   |
| Treeor   | Chamil Cons  |
| ectronic communication - If you submit this form by fax or e-mail the LPA may communicate see guidance notes)  | inicate with you in the same manner.   |

\$Date:: 2014-07-10 #\$ \$Dayleiss. FORE #