



Dead, Dying or Dangerous Tree Removal Application Form

This form is to be used to apply for consent to removal dead, dying or dangerous tree(s).

If you need help lodging your form please contact Council on:

(02) 6626 7050 or pes@byron.nsw.gov.au

70 Station Street, Mullumbimby NSW 2482

If this application form is not completely correctly or is not accompanied by all the necessary information, processing delays may result or the application will be returned to you.

Once completed, you can submit this form together with the required information by mail, in person, or by email to **pes@byron.nsw.gov.au**.

Office Use Only

Application No:

Parcel No(s):

Date Received: / /

Allocated:

F58

1. Property Details *(where trees are located)*

Owners Name(s)	
Property Address	
Lot / Sec / DP or SP	Lot Sec DP or SP

2. Applicant Details

Are you completing this on behalf of the property owner?

Note: If Yes, ensure owners consent is provided in Section 6

Yes

No

Contact Name(s)	
Business Name (if applicable)	
Postal address	
Email address	Phone

3. Description of site *(tree species, size, reason why tree is dangerous)*

4. Arborists Report

Is this application being lodged with an arborists report?

(Note: if no arborists report is present, Council may request further information and may need to inspect the site)

Yes

No

5. Privacy Policy

The information you provide in this application will enable your application to be assessed by Council and any relevant state agency. If the information is not provided, Council can refuse the application. Please contact the Council if the information in your application is incorrect or if it changes. Information collected will be used in accordance with Council's Privacy and Personal Information Management Plan.

6. Signature of All Owner/s

All owners of the land identified in this request must sign the application

If you are not the owner of the land, you must have all the owner/s sign the application. You can only sign on behalf of the owner/s if you have power of attorney or a letter of authority. Refer to Council's **Factsheet regarding Owners Consent** for more information.

As the owner/s of the above property, I/we consent to this application and consent to the Council, its servants or agents entering upon the property without first having given notice, for the purpose of carrying out all or any inspections which the Council may deem appropriate in connection with the processing of this application.

Signature

Signature

Name

Name

Date

Date

7. Signature of All Applicant/s

By signing this application:

1. I confirm that the application form is completed and the information (e.g photos) required by Council is attached.
2. I indemnify the Council against all claims and actions in respect of a breach of copyright arising from any unauthorised use of any documents lodged with this application."

Note: ALL correspondence will be forwarded to the applicant, including the determination.

Signature

Signature

Name

Name

Date

Date

Lodgement Checklist

Have you reviewed Council's Tree Preservation controls (Vegetation SEPP and Chapter B2 of DCP 2014)?

Yes

No

Have you reviewed Council's Undesirable Vegetation Species List (Chapter B2 of DCP 2014)?

Yes

No

Have photos of trees to be removed been included in this application?
(This is a mandatory requirement for your application to be assessed)

Yes

No

Office Use

Received by

Date

Council Inspected: Yes No

Date of Inspection:

Council Determination: Approved Refused