

Wiradjuri Country 158 Russell Street Private Mail Bag 17 Bathurst NSW 2795 Telephone 02 6333 6111 Facsimile 02 6331 7211 council@bathurst.nsw.gov.au www.bathurst.nsw.gov.au

PRESCRIBED TREE PERMIT APPLICATION FORM

For works on **PRESCRIBED TREES WITHIN HERITAGE CONSERVATION AREAS**

NOTE: Council's Tree Preservation and Management Policy identifies the types of trees which are protected, the types of work that would require a Prescribed Tree Permit Application to be submitted to Council and the types of works to trees that do not require a permit.

The Policy Document should be read before completing this Application form.

1. Applicant Details
Name:
Residential Address:
Postal Address:
Contact Phone number(s):
Email Address:
2. Site Details
Address where tree(s) is/are located:
Do you own this property or are you the Authorised Managing Agent:
Owner Managing Agent
3. Site Entry Details:
Access to the property where the tree/s is/are located may be required by Council's Authorised Officers in order to process this application. The submission of this form provides Council with authorised access to the property in order to assess the application and such access can be made in your absence. Should access issues arise, Council may contact you to make arrangements for an inspection.
Does Council's Inspecting Officer require your attendance to access the site?
☐ Yes ☐ No
Are there any animals or security measures that the Inspecting Officers need to be aware of?
☐ Yes ☐ No
If yes, please provide details:

4. Proposed Works

a) Applicants are required to complete this section by identifying the location of the subject tree/s, the works that are proposed and the reasons for the proposed works.

Tree Number	Tree Species (or common) name if known	Location within Property	Proposed work(s)	Reason for Work(s)
Example	Eucalyptus Sp.	Rear yard, near pool.	Remove	Large split in trunk & large branch fell off.
1.				Station vol.
2.				
3.				
4.				
o) Are th	re than five trees, please proposed works to bopment on the property	e undertaken to the tr	arate sheet ee/s as a result of a prop	osed
☐ Ye	s 🔲 No			
c) If yes	has a DA been lodged	?		
☐ Ye	es 🔲 No	DA Number	"	
5. Site Di	agram			

5. Site Diagram

Please provide a plan view identifying the location of the trees in relation to the property boundary, house/future dwellings and street. Please mark "North" direction with an arrow.

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6. Lodgement Details

You can lodge the completed Prescribed Tree Permit Application by mail, email, fax or in person at Council's Civic Centre- address details are on the front page of the application. (Don't forget to include the prescribed fee.)

After a Tree Permit Application has been receipted and processed, inspections are usually completed within 21 days. Council will confirm its decision (and any applicable conditions) in writing to the Applicant within a few days of determination. Should you be granted a Permit, you will need to provide this documentation to your certified and insured arborist prior to any work being undertaken.

6. Payment Details

Fee Payable- An application fee of **\$71.00** per application is set within Council's 2022/2024 Management Plan.

7. Privacy and Personal Information Protection Notice

The personal details requested on this form are required under the Environmental Planning & Assessment Act 1979 and will only be used in connection with the requirements of this legislation. Access to this information is restricted to Bathurst Regional Council Officers and other people authorised under the Act. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.

8. Applicant Declaration

I declare that the information provided in this application is true and correct at the time of signing. I have read and understand Part 3 of this form and authorise Council Officers to access my land to carry out inspections for the purpose of determining this application.

Applicant Signature: Date:		
Office Use Only:		
Fee Payment Date:	Receipt Number:	
Inspecting Officers Comments:		
Recommended Approval: YES NO	Permit Number:	
Officer Signature:	Date:	

The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.

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TREE PRESERVATION AND MANAGEMENT POLICY Flow Chart to determine the requirement to lodge a tree permit application

