

This template is to be used after reviewing the tree information on Councils website.

Part 1: Owner and Property Details

| 1. | Details of the property owner | Title: Mr Mrs Miss Ms Other |
|----|--|--|
| | Property owner to retain along with any evidence required and to be made available to Council upon request for six (6) months. | Given name/s Postal address Postcode PhoneAlternative phone E-mail Only if a Company or Owners Corporation: Contact person |
| 2. | Location and title description of the property To correctly identify the land where tree is located. | Unit No House No Street Suburb Lot(s) |

Part 2: Arborist Details and Statement

| | The person qualified in arboriculture assessment | Business name | | |
|---|--|---|--|--|
| | to complete. | Name of arborist | | |
| | Qualification: minimum | Phone | | |
| | trade (AQF3) or consulting (AQF5) Arborist, or international equivalent. | E-mail | | |
| | | AQF Levelin arboriculture. | | |
| | | Certificate No | | |
| | All details to be completed in full and signed to be a valid document. | Course Provider | | |
| | | As the competent person I have | | |
| - | All names must be person's legal name. | 1. carried out a thorough inspection of (number) tree/s | | |
| | | and determined that, (circle A or B): | | |
| | | a) the tree/s demonstrates reduced growth rate/s, sparse foliage and reduced response to damage or stress over subsequent growing seasons, or | | |
| | | b) the biological function of the tree has ceased, no leaves are present and visible evidence of trunk, root plate and canopy desiccation. | | |

Exempt Tree Works Dead or Dying Trees – SEPP Exemption



| | 2. | assessed each tree for hollows or other likely habitat for native animals, and either (circle a or b): | | | | | | |
|--|----|---|--|--|--|--|--|--|
| | | a) found no evidence, or | | | | | | |
| This exemption does not apply where evidence is found that | | b) found evidence, Do not proceed see notes opposite. | | | | | | |
| the tree is required for habitat for native animals. | 3. | only proposed removal of the dead or dying trees tree/s, where their condition met the definitions provided in 1a or 1b above, and there is no demonstrated practical alternative to retain them, and | | | | | | |
| Where habitat is found a Vegetation Clearing Permit application will be required. | | provide the following for trees selected in 1 a) or 1 b): a documented tree inspection, and | | | | | | |
| Where the tree is for a threatened fauna species, then a licence application will need to be submitted to OEH. | | supporting evidence, which is to include clear and relevant photographs of the tree(s) clearly demonstrating the claims made in this document, and | | | | | | |
| | | a review of options for managing risk other than by tree removal, and | | | | | | |
| | | a summary of the risk abatement options and implications. | | | | | | |
| | 5. | provided a site plan below to show where the tree/s location in relation to the dwellings and boundaries for 1 a) or 1 b) | | | | | | |
| Site Plan with Tree/s located in relation to structure include where street is located | | | | | | | | |
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The following information is provided to support this document prepared for the above address. Relevant information regarding disclaimers, photos, risk or hazard assessment or fauna advice, and any other evidence to support the application, is attached to this form.

Condition of tree/s that are proposed for removal.



| Why is the tree/s considered I | Dead or Dving? What | alternatives were co | nsidered and review | of options. |
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Exempt Tree Works Dead or Dying Trees – SEPP Exemption



| Name of Arborist: | | (Print clearly) |
|---|-------------|-----------------|
| Signature of Arborist: | | Date: |
| Name of person who owns the tree/s: | | |
| Sign: | Date: | |
| Name of neighbouring tree/s owner (if a | ny) | |
| Address of neighbouring tree/s: | | |
| Sign neighbouring tree owner: | Date: | |
| Only if a Company or Owners Corporati | on: | |
| Contact person | | |
| Company or Owners Corporation author | ised person | |
| name: | | |
| Company or Owners Corporation author | ised person | |
| signature: | | |
| Owners Corporation seal: | | |