



Clarence... a brighter place

Preliminary Assessment for Felling or Lopping of Trees on Private Land

Name: _____

Postal address: _____

Phone number _____

Email (please print): _____

Site address of tree/s: _____

Name of owner: _____

Address of owner: _____

Botanical name of tree (if known): _____

Common name of tree: _____

Details of tree: _____

Trunk circumference
(Measured at 1 metre above ground level): _____

Height: _____

Width: _____

Reasons for felling: _____

A sketch plan of the location is to be submitted with this application, giving accurate measurements of the tree's distance from other structures, eg kerbs, buildings, driveways, other trees, underground services etc.

Privacy Statement

The personal information on this form is required by Council for assessment. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend your personal information at any time. How we use this information is explained in our **Privacy Policy**, which is available at www.ccc.tas.gov.au or at Council offices.

Signature: _____

Date: _____

INSPECTION REPORT (Office Use Only)

Type of tree: _____

Independent appraisal: **Yes / No**

Removal checklist:	YES	NO
Is the property covered by a Vegetation Management Overlay (VMO)? Is the property in a Heritage Overlay (HO)	<input type="checkbox"/>	<input type="checkbox"/>
Is the property covered by any other conditions?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, by which one?		
- Permit Condition	<input type="checkbox"/>	<input type="checkbox"/>
- Covenant	<input type="checkbox"/>	<input type="checkbox"/>
- Part V Agreement	<input type="checkbox"/>	<input type="checkbox"/>
- Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Date of inspection: _____

Approved: **Yes / No**

Authorised officer: _____