Arborist Report To support Permit Application for Tree Removal



| Date: | | | | | | | |
|--|---|---|--|--|--|--|--|
| Part 1: Applicant and site details | | | | | | | |
| 1. | Details of the property owner This form is to be attached to the Permit Application for Tree Removal form. | Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other | | | | | |
| | | Family name (or company) | | | | | |
| | | Postal address | | | | | |
| | | Postcode | | | | | |
| | | Phone Alternative phone | | | | | |
| | | E-mail | | | | | |
| | | Only if a company: | | | | | |
| | | Contact person | | | | | |
| 2. | Location and title description of the property | Unit No House No Street | | | | | |
| | | Locality | | | | | |
| | To correctly identify the land. | Lot(s) Section | | | | | |
| | | Deposited Plan(s) Strata plan | | | | | |
| | | Other | | | | | |
| | | (Details from rate notice or property deeds, or from Council property maps) | | | | | |
| Part 2: The person competent in arboricultural assessment is | | | | | | | |
| 3. | The person competent in arboriculture assessment is | Business name | | | | | |
| | | Name of arborist | | | | | |
| | Qualification (minimum AQF Level 5 in arboriculture and relevant experience in accordance with Part A, Section 6.0 of the Newcastle Urban Forest Technical Manual.) | Phone E-mail | | | | | |
| | | AQF Level in arboriculture Certificate No | | | | | |
| | | Course Provider | | | | | |
| | | As the competent person I have: | | | | | |
| | | carried out a thorough inspection of the (number) tree/s to be removed. | | | | | |
| | | 2. determined the need for removal. | | | | | |
| | | 3. specified the tree assessment test that applies. | | | | | |
| | | 4. determined that no suitable remedial action is possible. | | | | | |
| | | 5. considered all applicable planning, heritage and protected species legislation in the context of the proposed removal. | | | | | |

| | | 6. | assessed each tree for hollows or other likely habitat, and either (circle A or B): | | | | |
|---|--|-----|---|--|--|--|--|
| | | | a. found no evidence to warrant further assessment, or | | | | |
| | | | b. have arranged for further assessment by an ecologist or wildlife specialist prior to submission of this document. | | | | |
| | | 7. | attached appropriate clear photos to demonstrate the issues raised with the tree/s and any other relevant factors as required under the tree assessment test/s. | | | | |
| | | 8. | considered all the relevant information under Part A section 3 of the Newcastle Urban Forest Technical Manual. | | | | |
| | | 9. | included an accurate site diagram showing location of trees/s in relation to structures and boundaries. | | | | |
| | | 10. | included an underground utility diagram where removal relates to these. | | | | |
| | | 11. | only recommended removal of trees where there is no practical alternative. | | | | |
| 4. | Select the relevant Tree Assessment | | 3.4.4.1 The Unacceptable Risk Test | | | | |
| | Test | | 3.4.4.2 The diseased condition test | | | | |
| | | | 3.4.4.3 The property damage test *within 12 months of assessment* | | | | |
| | | | 3.4.4.4 The suppressed growth test | | | | |
| The following information is provided to support the tree removal application at the above address. This information addresses <u>all</u> of the requirements of the selected tree assessment test, and <u>any other</u> information required in accordance with Part A section 3 of the Urban Forest Technical Manual. Relevant information regarding disclaimers, photos, and any other evidence to support the application is attached to this form. | | | | | | | |
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| Name of competent person: | Name of competent person: . | |
| | | Date: |