

APPLICATION TO REMOVE STREET TREE

APPLICANT DETAILS

Name: _____

Postal address: _____

Phone/Mobile: _____

Email: _____

Are you the owner of the property adjacent to the tree to be removed?

Yes ☐

No ☐

The Town of Claremont's street tree urban forest is a valuable community asset for environmental, aesthetic and social reasons including shade, heat reduction, and habitat for native fauna, visual amenity and replenishment of the atmosphere (*please refer to the Town's policy **EN305 - Street Trees***).

- Street trees will generally only be removed if they are dead, diseased or dangerous.
- Requests to remove street trees must be made in writing to the Town on the approved form.
- **Only authorised Council contractors may complete works on street trees.**
- **Cost of removal may be the applicant's responsibility.**

The ambience of the Town of Claremont is characterised by well-developed leafy trees and the associated prolific birdlife (*please refer to the Town's policy **EN306 - Tree Preservation***). The Town considers that our trees are:

- An important community asset
- A part of our heritage
- Add to the value of property and
- Contribute significantly to the amenity of the Town

Is the tree to be removed in good health & vigour?

Yes ☐ No ☐

Is the tree dead, diseased or dangerous?

Yes ☐ No ☐

Other justification for removal:

OWNER'S AUTHORISATION/

☐ I (the applicant) confirm that I have informed the owners of all land which abuts the property adjacent (this may include strata complexes, apartments etc.) to the tree to be removed. Include details of neighbours:

Name: _____

Postal address: _____

Phone/Mobile: _____

Email: _____

Name: _____

Postal address: _____

Phone/Mobile: _____

Email: _____

- ☐ The copy of the application was sent no later than two weeks prior to the date of this application.
- ☐ I confirm that I have not received any objection from any of those persons as at the date of this application.
- ☐ I have attached copies of any objections received.

Signature of Applicant _____ Date _____

Signature of Owner (if applicable) _____ Date _____

SKETCH FOR APPLICATION - Location of tree to be removed

1. Include street, layout and location of tree (indicate north).
2. Include replacement of new planting location, if required.
3. Include photo of proposed tree to be removed.

Please submit your application to:

Town of Claremont
308 Stirling Highway Claremont WA 6010
(PO Box 54, Claremont WA 6910)
Email: toc@claremont.wa.gov.au