

# Urban Canopy Growth Program Application Form

Shire of Donnybrook Balingup



## APPLICANT DETAILS

*The applicant must be the landowner.*

Full Name:

Residential or  
Postal Address:

Locality:

Postcode:

Phone:

Email:

## PREFERRED TREE DETAILS

*Please indicate the tree you would prefer.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> WA Peppermint    | <input type="checkbox"/> Kings Park Bottle Brush | <input type="checkbox"/> Red Flowering Gum |
| <input type="checkbox"/> Pincushion Hakea | <input type="checkbox"/> Coral Gum               | <input type="checkbox"/> Swamp Paperbark   |
| <input type="checkbox"/> Crepe Myrtle     | <input type="checkbox"/> Flowering Plum          | <input type="checkbox"/> Japanese Maple    |
| <input type="checkbox"/> Trident Maple    | <input type="checkbox"/> Tuckeroo                | <input type="checkbox"/> Golden Ash        |

Will this tree be planted at the address listed in the Applicant Details above?  Yes  No

If you answered *no*, please specify below the property address that the tree is proposed to be planted at. Note: the tree may only be planted at an address that the applicant is an owner of.

Proposed  
Address:

Locality:

Postcode:

Please provide an outline of the preferred location for the tree to be planted along with any other supporting information, such as photos and/or diagrams.



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## DECLARATION

By signing below, the Applicant hereby confirms and acknowledges the following in addition to having read and understood both the Urban Canopy Growth Program information and the Shire's Residential Verge Policy (this policy is always applicable, and any actions undertaken will be in line with it as required). It is the responsibility of the applicant to obtain a copy the documents and forms associated with this Program, all of which are publicly available online or can be obtained physically either in person or via post/email through the Administration Office.

*I, the Applicant, confirm that I would like to register my interest for one (1) tree to be planted on the Shire verge adjacent to the property I own at the address on this application. I confirm that I have outlined or provided a suitable description of the proposed location of the tree, and that the final decision regarding the tree species and its location will be decided upon by a suitably qualified Shire Officer. Should the tree or its location requested in this application be deemed unsuitable, I agree to discuss alternative options with the Shire prior to the final decision being made. I understand that I will be contacted regarding the outcome of my application by the Shire, however should I be dissatisfied with the decision, I accept that it is my responsibility to contact the Shire in line with the Customer Service Charter.*

*I accept responsibility for the tree that is planted on my verge through this Program, and will endeavour to ensure the tree is properly cared for to facilitate its establishment. I understand that this will include watering, mulch and fertiliser if needed, for the next three (3) years. Should the planting be unsuccessful in this 3 year period, I will make contact with the Shire.*

*I understand that this application must be completed by the property owner, and that the outcomes of this Urban Canopy Growth Program will be recorded by the Shire Administration. A description or outline of the proposed location of the tree at my property has been provided.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

*To be completed by the Shire of Donnybrook Balingup.*

Date Received:

Received By:

Application #:

Site Visit Date:

References:

Notes & Comments:

