

## APPLICATION TO CHANGE NATURE STRIP

APPLICANT DETAILS			
Title:	Given Name(s)	Surname / Last Name	
<div style="border: 1px solid black; padding: 2px; width: fit-content;">Mr/Mrs/Ms/ Other:</div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Company name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Contact Address:			
	Unit	/	House Number
	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	/	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> – <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Street or PO Box: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Suburb: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		State: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Postcode: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
*Daytime Phone: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		*Mobile: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
*Email: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		If you want the assessment to be sent by e-mail please tick <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	
*Voluntary information only (assists with timely processing of your application). See Privacy and Personal Information Protection Act 1998.			

**Details of proposed site (if different from above)**

Full Name or Company name: \_\_\_\_\_ Strata Plan No: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

*(I also acknowledge the accompanying Privacy and Personal Information Protection Act 1998).*

**PAYMENT DETAILS**

Method of Payment (please tick): ☐ Cash ☐ Cheque ☐ Credit Card

Complete section below if credit card holder is not the applicant. The card holder authorises payment for the amount specified. In the event of a refund the card holder will be the recipient of the fund.

Cardholder's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**Details of Property Owner Where Tree/s are Located (if different from Applicant)**

Full Name or Company name: \_\_\_\_\_ Strata Plan No: \_\_\_\_\_

Primary Contact (if different): \_\_\_\_\_

\*Daytime Phone H: \_\_\_\_\_ \*W: \_\_\_\_\_ \*Mob: \_\_\_\_\_

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

*(I also acknowledge the accompanying Privacy and Personal Information Protection Act 1998).*

## FEES AND PAYMENT

### Method of Lodgement

Applications with payment may be submitted in person at Civic Centre, Mosman Square, Mosman. Applications lodged by post should be addressed to The General Manager, PO Box 211, SPIT JUNCTION, NSW 2088. Applications received by fax will not be processed.

**For privacy and security reasons payment is prohibited by credit card via email transmission.**

For further information contact Council on 9978 4000 between 8.30am and 5.00pm Monday to Friday.

A fee of **\$47** (incl GST) is payable for lodgement of this application. Pensioners will receive a 50% discount on production of a pension card.

Application to Change Nature Strip form with payment will be accepted.

## PROPOSAL DETAIL CONDITIONS

Will the proposal give the site the appearance it is private land?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the proposal limit current community use of the site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the proposal affect vehicle or pedestrian movements and site lines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the proposal similar to other nature strip planting nearby?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the proposal contribute to the street scape aesthetic?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will all works be maintained to the satisfaction of Council?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the proposal decrease the biodiversity value of the land?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If requested by Council will works be removed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If units or apartment is a body corporate / strata committee approval attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If planting tree >3 m have you consulted Council's Street Tree Master Plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
For tree planting has a underground services check been completed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**BLOCK PLAN:** Please show proposed works including planting, and existing and proposed structures and paths, boundaries, street names, house numbers, and a north point (if applicable)



### Planting Details (as shown on Block Plan)

Species.	Number.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## GUIDELINES FOR APPLICANTS

In determining an application under Council's Policy Nature Strip Maintenance Council will assess:

- a) Alienation of public land (will public land be made to look like private land)
- b) Overall appearance and consistency of the streetscape
- c) Effect on pedestrian and vehicle traffic (sight lines / access)
- d) Suitability of the proposed planting to the site including use of indigenous native plants
- e) Effect on access to adjacent properties
- f) Proposal will not impede on designated public viewing areas
- g) Effect on the biodiversity value of the land
- h) Potential hazards and public liability issues

## PRIVACY AND PERSONAL INFORMATION ACT

Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (\*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.

## DECLARATION

The details provided by me are correct and I have read and understand all information provided in this application.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## OFFICE USE ONLY

Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Initials: \_\_\_\_\_

# Credit Card Authority Form

**This form is to be submitted in conjunction with the application form**

**Refer to application form for Method of Lodgement**

**This credit card authority form is destroyed after the transaction is processed and no information contained therein is retained by Council**

**Credit Card Details - Council Payment Fax No. (02) 9978 4299**

**This form cannot be emailed to Council**

Please charge my

American Express

☐

Master Card

☐

Visa

☐

Card Number

Card Holder's name

Expiry Date

Amount

\$

Phone

( )

daytime

Signature

**Please note that American Express, Master Card and VISA incur a 1% service fee.**

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