

Appendix I I: Tree Removal Certificate

Botanical Name			
Cultivar			
Common Names			
District Plan Tree ID Number			
Address:			
Date of Inspection:			
Tree Owner Name:		Phone Number:	
Name of Assessor:		Company:	
Qualifications:		Phone number:	
Tree Dimensions:			
Height (m)	Spread N/S (m)	Spread E/W (m)	Diameter (cm)
Damage:		Cause:	
Digital photograph: (place here)			
Assessor Observations and			

Botanical Name			
Recommendation:			

I confirm that the (Botanical name) located at (address of where the tree is located) scheduled in the Proposed Waikato District Plan as (District Plan Tree ID Number) has been assessed and meets the criteria for removal as described in Permitted Activities – Notable Trees-removal or destruction

Or

I confirm that the (Botanical name) located at (address of where the tree is located) scheduled in the Proposed Waikato District Plan as being part of the Group of Trees (District Plan Tree ID Number) has been assessed and meets the criteria for removal as described in Permitted Activities – Notable Trees- removal or destruction