

'Five Day Notice'

For proposed work on protected trees classed as imminently dangerous or a high risk
(Request of appropriate information, evidence & checklist)

Name & Address of Owner: BICESTER HERITAGE LTD BUCKINGHAM ROAD BICESTER OX26 5HA	Name & Address of Agent: GCL TREEWORKS 12 The Piggery, Easton Maudet NN29 7NH
Telephone / Mobile: 01869 327 928	Telephone / Mobile: 01933 667575
Address/Location of Tree(s): AS ABOVE	Species and quantity of Tree (if Known): 4 3x BIRCH 1x ACER

Condition of Tree(s) - Please provide reasons and specifications for requested removal or pruning:
Dead

Submitted Evidence:

(Should be clear and self-explanatory and must include either or all of the following - *necessary):

• Arboricultural Report (Provide Copy)	Yes / No -
• Photographic evidence* (Provide Copies)	<input checked="" type="radio"/> Yes / <input type="radio"/> No -
• Telephone Conversation (State Details)	Yes / No -
• Written Correspondence* (State Details)	<input checked="" type="radio"/> Yes / <input type="radio"/> No -
• Sketch showing location of tree*	<input checked="" type="radio"/> Yes / <input type="radio"/> No -

Please be advised that the legal burden of proof in confirming the condition of the tree(s) is the responsibility of the owner. Failure to provide sufficient evidence may leave the owner liable to prosecution.

For Office Use Only:

Application No:	Date of Submission: 12/8/19
Sufficient evidence submitted? - YES	TPO warranted? NO
Is a site visit required? - NO	Date of site visit
Case officer comments: THE TREES ARE DEAD	
Case officer decision:	

Is Replacement Planting required? - No Yes (if yes, attach condition below to Decision Notice)

Under section 206(1) of the Town & Country Planning Act 1990 the landowner is required to provide ~~if~~ No tree of an appropriate size and species as near as is reasonably practicable to the location of the works. Replacement planting should be undertaken during the next planting season October - February. Please provide details of proposed replacements in writing as soon as possible.

Officer Signature:

Print Name:

Date: