

Public Protection & Development Management CDC 19 AUG 2020 POST ROOM

Bodicote House, Bodicote, Banbury, Oxfordshire, OX15 4AA

Telephone: 01295 227006 Website: www.cherwell.gov.uk Email: planning@cherwell-dc.gov.uk

Application for tree works: works to trees subject to a tree preservation order (TPO) and/or notification of proposed works to trees in a conservation area.

Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

You must use this form if you are applying for work to trees protected by a tree preservation order (TPO). (You may also use it to give notice of works to trees in a conservation area).

It is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your application, notice cannot proceed.

1. Applicant Name and Address	2. Agent Name and Address
Title: MR First name: AL1	Title: First name: John
Last name: GULAM HUSSEIN	Last name: W # 7W 1277+
Company (optional): OXFORD CARE HOMES LT)	Company (optional): JOHN WHITWORITH TREE SURGERY
Unit: House number: House suffix:	Unit: House number: /6 House suffix:
House name: FAIR HOLME HOUSE	House name: Bodicore Cottage
Address 1: CHURCH ST	Address 1: 16 that ST
Address 2: BoDICOTE	Address 2: 3 n) c o T
Address 3:	Address 3:
Town: BANBJEY	Town: BANBURY
County: OXFORDSHIRE	County:
Country:	Country:
Postcode: OX 154DW	Postcode: 0X154B5

7. Identification Of Tree(s) And Description Of Works continued				
8. Trees - Additional Information				
Additional information may be attached to electronic communications or provided separate	ely in paper f	ormat.		
For all trees A sketch plan clearly showing the position of trees listed in Question 7 must be provided when ap by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation It would also be helpful if you provided details of any advice given on site by an LPA officer.				
For works to trees covered by a TPO Please indicate whether the reasons for carrying out the proposed works include any of the follow must be accompanied by the necessary evidence to support your proposals. (See guidance notes				
 Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall: If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert. 	☐ Yes	Γ No		
 Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for: 	☐ Yes	☐ No		
Subsidence A report by an engineer or surveyor, to include a description of damage, vegetatio and repair proposals. Also a report from an arboriculturist to support the tree worl		g data, soil, roots		
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of da	ımage and po	ossible solutions.		
Documents and plans (for any tree) Are you providing separate information (e.g. an additional schedule of work for Question 7)?	☐ Yes	┌ No		
If YES, please provide the reference numbers of plans, documents, professional reports, photograph of they are being provided separately from this form, please detail how they are being submitted.	ohs etc in sup	port of your application.		

3. Trees Location	(4. Trees Ownership
If all trees stand at the address shown in Question 1, go to Question 4. Otherwise, please provide the full address/location of the site where the tree(s) stand (including full postcode where available)	Is the applicant the owner of the tree(s): If 'No' please provide the address of the owner (if known and if different from the trees location)
Unit: House House	Title: First name:
House name:	Last name: Company
Address 1:	(optional): Unit: House House
Address 2:	House Sumx:
Address 3:	name: Address 1:
Town:	Address 2:
County:	Address 3:
Postcode (if known):	Town:
If the location is unclear or there is not a full postal address, either describe as clearly as possible where it is (for example, 'Land to the	County:
rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference:	Country:
Description:	Postcode:
	Telephone numbers Extension
	Country code: National number: number:
	Country code: Mobile number (optional):
	Country code: Fax number (optional):
	Email address (optional):
5. What Are You Applying For?	6. Tree Preservation Order Details
o. macrao rourippiying roi:	If you know which TPO protects the tree(s), enter its title or number
Are you seeking consent for works to tree(s) Yes No subject to a TPO?	below.
Are you wishing to carry out works to tree(s) Yes No	
7. Identification Of Tree(s) And Description Of Works	
Please identify the tree(s) and provide a full and clear specification of necessary. You might find it useful to contact an arborist (tree surged protected by a TPO, please number them as shown in the First Sched your sketch plan (see guidance notes). Please provide the following information below: tree species (and the trees are protected by a TPO you must also provide reasons for the way planting replacement trees (including quantity, species, position and E.g. Oak (T.3) - fell because of excessive shading and low amenity value in	on) for help with defining appropriate work. Where trees are dule to the TPO where this is available. Use the same numbers on the number used on the sketch plan) and description of works. Where work and, where trees are being felled, please give your proposals for a size) or reasons for not wanting to replant.
TI HOLLY CUT BACK ZM	OVER ROAD/STREET LIGHT + DILLON HOUSE
TZ LIME LEFELLARY	
TE SYCAMORE RE POLLARD	
TS LIME REPOLLARD	gage of the control o
TG LIME FELL TO BROWN) LEVE	EL , TOO LARGE . COMPLAINTS ABOUT LIGHT FROM

(a) a member of staff (b) an elected member	yee / Member ority, I am: (c) related to a member of staff (d) related to an elected member	Do any of these statemen Yes	ts apply to you? No
If Yes, please provide deta	ails of the name, relationship and role		
	Tree Works - Checklist		
nake sure that this form h	lication form and additional information (Questic has been completed correctly and that all relevan ed information may result in your application bein omit a valid form.	t information is submitted. Pleas	e note that failure to
ketch Plan			
 A sketch plan sho 	owing the location of all trees (see Question 8)		
For all trees see Question 7)			
	on of the trees concerned		
A full and clear sp	pecification of the works to be carried out		
or works to trees proted see Question 7)	cted by a TPO		
lave you:			
 stated reasons for 	r the proposed works?		
 if your reaso 	ce in support of the stated reasons? in particular: ons relate to the condition of the tree(s) - written	evidence from an	
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