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/epply

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.

You must use this form if you are applying for work to trees protected by a tree preservation order (TPO). (You may also use IETO give

it is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your applications in the form.

it is important that you notice cannot proceed.	
	2. Agent Name and Address
1. Applicant Name and Address	Title: M. First name: Ben
Title: MRS First name:	line: 1977
	Last names Acremous
Last name: HARWOOD	Company (optional): Acremos Arbaricult
Company	Linux Linux
(optional): House House suffix:	Unit: House suffic:
Unit: number: sums:	House Clarka Chica
House LEASOW HOUSE	House Clipter View
name: LEASOW 11000	Address 1: U334934499
Address 1: BONOS END LANE	30.343
	Address 2:
Address 2: SIBFORD GOWER	Address 3:
Address 3:	Address 3.
	Town: Banbara
Town: BAUBURY	
County: (XXX)	County: 3XCA
CACCO CONTRACTOR OF CONTRACTOR	Country:
Country:	
Postcode:	Postcodes OX i S & L L-1
F Colores	

5Date: 2012-40-17 #\$ Ellerision: 4636 \$



	A Torre Oumanahin
3. Trees Location	4. Trees Ownership Is the applicant the owner of the tree(s): Yes No
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)	if 'No' please provide the address of the owner (if known and if different from the trees location)
	Thie: First name:
Unit: House House suffix:	Last name:
House name:	Company (optional):
Address 1:	House House
Address 2:	House
Address 3:	name: Address 1:
Town:	Address 2:
County:	
Postcode	Address 3:
(if known): If the location is unclear or there is not a full postal address, either	Town:
describe as clearly as possible where it is (for example, "Land to the rear of 12 to 18 High Street" or "Woodland adjoining Elm Road") or	County:
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):
	Course of the co
	Email address (optional):
5. What Are You Applying For?	6. Tree Preservation Order Details
o. Wildland tour Applying to .	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	below.
subject to a TPO?	
Are you wishing to carry out works to tree(s) In a conservation area? 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	the works you want to carry out. Continue on a separate sneet if
protected by a TPO, please number them as shown in the First Sched	ule to the TPO where this is available. Use the same numbers on
your sketch plan (see guidance notes).	e number used on the sketch pian) and description of works. Where
trees are protected by a TPO you must also provide reasons for the will planting replacement trees (including quantity, species, position and	MUK SUG' MUSIS fiest sie psilië leited' blesse Sive Aont hichosens ion
planting replacement trees (including quantity, species, position and E.g. Oak (T3) - fell because of excessive shading and low amenity value.	Replant with 1 standard esh in the same place.
TI GINKO - FEIL growing a	
Remove and replace away	
marke and replace away	ristr Chuiding
	10 m

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	YES, please provide the reference numbers of plans, documents, professional reports, photographey are being provided separately from this form, please detail how they are being submitted.	ohs etc in su	oport of your application

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	Employee / Member	7				
	the Authority, I am:	to a member of staff		Do any of these stateme	ents apply to you?	
(a) a member of (b) an elected m	Stall (c) related t	o an elected member		☐ Yes	□ No	
			83	198	140	
if Yes, please pr	rovide details of the name	, relationship and role				
10. Application	on For Tree Works -	Checklist				
make sure that the supply precise a	f the application form and his form has been comple nd detailed information months to to submit a valid form	sted correctly and that all ay result in your applica	I relevant inform	ation is submitted. Plea	se note that fallure	e to
Sketch Plan		-				
	n plan showing the location	n of all trace /coa Augst	ion 8)		17	
	i pian snowing the rocado	ii ni sii nees (see duesi	ion o)		لنظر	
For all trees (see Question 7)						
	entification of the trees co	ncerned				
o A full an	d clear specification of the	e works to be carried ou	t			
For works to tree (see Question 7)	es protected by a TPO				عر	
Have you:						
 stated re 	easons for the proposed w	rorks?				
o provided	evidence in support of th	e stated reasons? in par	rticular:			
	your reasons relate to the appropriate expert			from an		
• if y	ou are alleging subsident		an appropriate e	igineer or surveyor		
9 in	and one from an arborice respect of other structural		cal evidence			
o included	all other information liste	d in Question 8?				
11. Declaration	n - Trees					
	for planning permission/confirm that, to the best of	onsent as described in	this form and the	accompanying plans/	drawings and addit	tional
nformation. I/we c	confirm that, to the best of of the person(s) giving the	my/our knowledge, any am	facts stated are	true and accurate and	any opinions giver	are the
Signed - Applicant			Or signed - Ag	ent:		
Date (DD/MM/YYY	VI-					
1 - 0	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	not be before the date				
16.11.22	of sending or he	nd-delivery of the form)				
2. Applicant	Contact Details		13. Agent	Contact Details		
Felephone numbe	R		Telephone ni	mbers		
-	letional number:	Extension number:	Country code			Extension number:
Country Code. 14	Rational transpar	illustriber.				
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Electronic communication - if you submit this form by fax or e-mail the LPA may communicate with you in the same manner. (Please see guidance notes)