

Form Submission PDF

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

Your Data

REFERENCENUMBER	4611-6052-6910-3678
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Applicant Details

Your Details	
Applicant Details	
First name	Harry
Last name	Mitchell
Phone number	
Email address	
Confirm email address	
Address	18 HAZEL GROVE BURGESS HILL WEST SUSSEX RH15 0BY

Agent Details

Agent Details	
Agent Details	
Name	N/A
Last Name	N/A
Company	N/A
Address	N/A
Phone number	N/A
Email address	

Tree Location

Tree Location	
Do all trees stand at the applicant address?	Yes
Full address/location of the site where the tree(s) stand	
Location Description	

Ownership of Trees

Label	
Is the applicant the owner of the trees?	Yes
Owner Details	
First name	
Last name	
Phone number	
Email address	
Address	

TPO Details

Further Details	
Are you seeking consent for works to tree(s) subject to TPO	Yes
Are you wishing to carry out works to tree(s) in a conservation area?	No
If you know which TPO protects the tree(s), enter its title or number	BH/01/TPO/69
Please identify the tree(s) and provide a full and clear specification of the works you want to carry out	Trees: three oaks, ~16m tall. Proposed works: reduce height and sides by two metres.

Additional Information

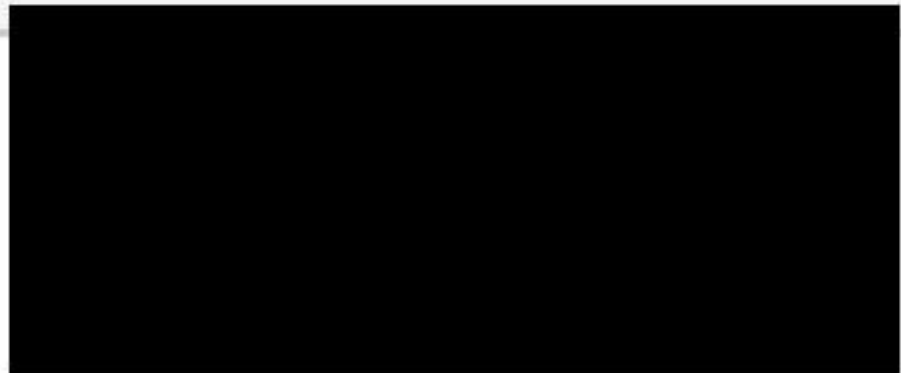
ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	01.png (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	Excessive shading across our garden and property, and neighbouring gardens and properties. Additionally, to improve safety/reduce chance of fall in the event of a bad storm – the trees are ~16metres tall and would easily reach our property/neighbouring properties (especially given recent tree falls at other properties in Hazel Grove). These works closely mirror our approved works in 2023. Thank you
Condition of the trees(s)	No
Advice/Diagnostics	
Alleged damage to property	No
Report/Evidence	
Are you providing separate information?	No
Please provide the reference numbers of plans, documents, professional reports,	

photographs etc in support of your application.

Authority/Employee

Label	
With respect to the Authority, I am	none of the above
Please provide details of the name, relationship and role	

Declaration

Label	
Signed - Applicant	
Signed - Agent	N/A
Date	2026-03-01

Summary of Form