

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	8257-7363-7343-8798
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Applicant Details

Your Details	
Applicant Details	
First name	Imelda
Last name	Spencer
Phone number	
Email address	
Confirm email address	
Address	10 ROLFE DRIVE BURGESS HILL WEST SUSSEX RH15 0LA

Agent Details

Agent Details	
Agent Details	
Name	Simon
Last Name	Birkby
Company	Sussex Tree Surgeons
Address	Erringham Hill Shoreham-by-Sea BN43 5FA
Phone number	
Email address	sussextreesurgeons@icloud.com

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/05/TPO/78
Please identify the tree(s) and provide a full and clear specification of the works you want to carry out	At no 10, Rolfe Drive Burgess Hill Oak T58

Additional Information

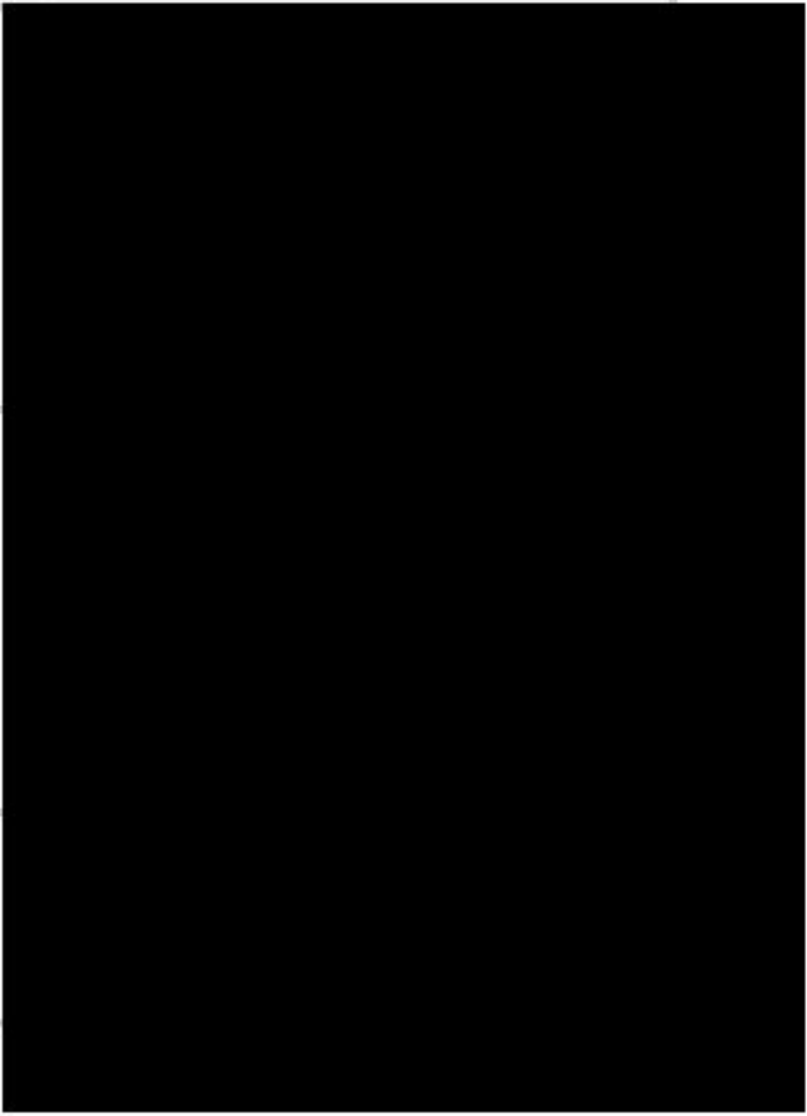
ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	IMG_8308.jpeg (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	1. Reduce the overreaching limbs on north side by 2.5 to 3 metres to balance the canopy 2. Remove the lower epicorm growth 3. Thin the crown by 10%
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.	
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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	
Date	

Summary of Form