

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	4541-8242-9568-5568
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Applicant Details

Your Details	
Applicant Details	
First name	Claire
Last name	Woodcock
Phone number	
Email address	
Confirm email address	
Address	EAST GRINSTEAD TOWN COUNCIL COUNCIL OFFICES EAST COURT COLLEGE LANE EAST GRINSTEAD WEST SUSSEX RH19 3LT

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	n/a@na.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	No
Are you wishing to carry out works to tree(s) in a conservation area?	Yes
If you know which TPO protects the tree(s), enter its title or number	
Please identify the tree(s) and provide a full and clear specification of the works you want to carry out	We are proposing to remove a cherry tree (No. 104) which is a sapling from the main large cherry tree in that area. It has been left and has matured into a young tree, however it over-shadowed by the main tree and crowding the other trees in that area.

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	2026 Map 104 Cherry.pdf (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	We wish to remove this sapling as it is crowding the area and now growing into the crown of the original tree.
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	a member of staff
Please provide details of the name, relationship and role	Claire Woodcock Support Services & Estate Administrator

Declaration

Label	
Signed - Applicant	
Signed - Agent	n/a
Date	2026-05-22

Summary of Form