

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	8917-5098-2970-4227
-----------------	---------------------

Applicant Details

Your Details	
Applicant Details	
First name	Thomas
Last name	Wilkins
Phone number	
Email address	
Confirm email address	
Address	25 OATHALL ROAD HAYWARDS HEATH WEST SUSSEX RH16 3EG

Agent Details

Agent Details	
Agent Details	
Name	None
Last Name	None
Company	None
Address	None
Phone number	
Email address	

Tree Location

Tree Location	
Do all trees stand at the applicant address?	No
Full address/location of the site where the tree(s) stand	23 Oathall Road, RH16 3EG
Location Description	Hawthorn has overhanging branches on top of the garage at 25 Oathall Road from over the fence at 23 Oathall Road to be cut back

Ownership of Trees

Label	
Is the applicant the owner of the trees?	No
Owner Details	
First name	Mark
Last name	Sykes
Phone number	
Email address	
Address	RH16 3EG

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	Hawthorn at border of 23 and 25 Oathall road has overhanging branches onto the garage at 25 Oathall Road to be cut back

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	Capture V2.JPG (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	N/A
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	Thomas Wilkins
Signed - Agent	n/a
Date	2025-03-27

Summary of Form