

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	5940-9787-3351-4832
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Applicant Details

First name	Lisa
Last name	Walker
Phone number	
Email address	
Confirm email address	
Address	16 FINCHES GARDENS LINDFIELD WEST SUSSEX RH16 2PA

Agent Details

Name	James
Last Name	Wilson
Company	James Wilson Tree Care
Address	Hassocks West Sussex
Phone number	
Email address	

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

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

TPO 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	
Please identify the tree(s) and provide a full and clear specification of the works you want to carry out	We have one very large single oak tree in our back garden. Having spoken to the tree surgeon and Emma at Mid Sussex council, we are looking to reduce the tree by 2metres all over. To remove any dead/dangerous branches throughout and also to remove the epicormic growth underneath. Reason for works is general maintenance and to ensure it is safe and a significant part of the tree overhangs into our neighbours property.

Additional Information

Sketch plan clearly showing the position of trees listed in the previous question	Tree application .msg (download)
Please provide a reason why you wish to perform these works	General maintenance of the tree and to ensure all branches are healthy and safe
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

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

Declaration

Signed - Applicant	Lisa Walker
Signed - Agent	James Wilson
Date	2026-02-23

Summary of Form