

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	6705-9936-8848-8551
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Applicant Details

Your Details	
Applicant Details	
First name	Matthew
Last name	Staines-Rebeiro
Phone number	
Email address	
Confirm email address	
Address	7 THE DROVEWAY HAYWARDS HEATH WEST SUSSEX RH16 1LL

Agent Details

Agent Details	
Agent Details	
Name	Declan
Last Name	Harris
Company	DPH Tree Surgery
Address	Westlands Road Lindfield, West Sussex, RH16 2SR.
Phone number	
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	HH/05/TPO/00
Please identify the tree(s) and provide a full and clear specification of the works you want to carry out	3 meter crown reduction (c. 30% reduction) back to previous cut points to 2x Hornbeams at 7 The Drove way - tree numbers T8 & T9. Reason: to reduce encroachment on building and to improve light in the vicinity.

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	IMG_1578.jpg (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	To prevent encroachment on building and to improve light for surrounding plants.
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	2026-02-08

Summary of Form