

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	2500-8884-6688-0011
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Applicant Details

Your Details	
Applicant Details	
First name	Jo
Last name	Chanter
Phone number	██████████
Email address	██████████████████
Confirm email address	██████████████████
Address	27, Silverdale Road, Burgess Hill

Agent Details

Agent Details	
Agent Details	
Name	Alan
Last Name	Scrase
Company	Holly Tree Surgeons
Address	Black Dog Cottage East, Plawhatch Lane, Sharpthorne, nr East Grinstead E.Sx RH19 4JG
Phone number	01342 811118
Email address	hollytreesurgeons@googlemail.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	3 conifers at front of property. Plan to reduce to hedge level as dead/dying Yew tree against garage. Plan to reduce canopy by 1m all over

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	20260430_113125 (1).jpg (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	One out of 3 of the pine tress is dead and the others are dying, unsightly and have many dead branches
Condition of the trees(s)	Yes
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

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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	Jo Chanter
Signed - Agent	N/A
Date	2026-05-30

Summary of Form