

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	2817-9751-4534-2278
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Applicant Details

Your Details	
Applicant Details	
First name	Scott
Last name	Hardwick
Phone number	
Email address	
Confirm email address	
Address	

Agent Details

Agent Details	
Agent Details	
Name	Scott
Last Name	Hardwick
Company	Eco tree care
Address	Rh110pe 60
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?	No
Owner Details	
First name	Toby
Last name	Kann
Phone number	07808668517
Email address	Masterhardwick@aol.com
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	Conifer tree at rear of property reducing height by 5 metres

Additional Information

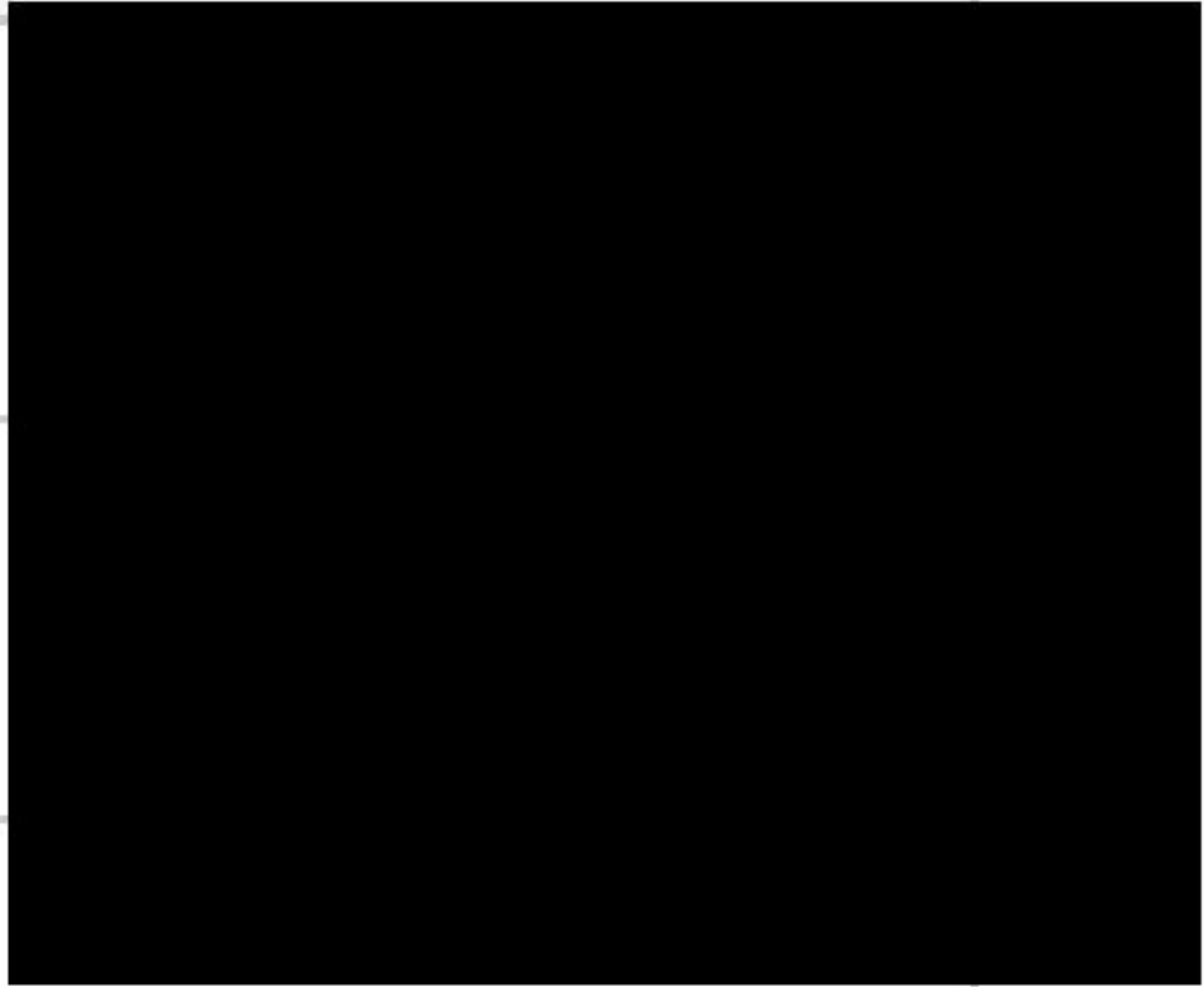
ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	image.jpg (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	To the reduce the height in the tree so it's more safe to prevent the sails of the multi stem Conifer tree as you can see in the sketch of the picture with the line to reduce
Condition of the trees(s)	No
Advice/Diagnostics	
Alleged damage to property	No
Report/Evidence	
Are you providing separate information?	Yes
Please provide the reference numbers of plans, documents, professional reports, photographs etc in support of your application.	As you can see from the picture with the line

Authority/Employee

Label	

With respect to the Authority, I am	a member of staff
Please provide details of the name, relationship and role	Customer

Declaration

Label	
Signed - Applicant	
Signed - Agent	
Date	

Summary of Form