

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	1461-7069-6195-1727
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Applicant Details

Your Details	
Applicant Details	
First name	Heather
Last name	Wilkin
Phone number	
Email address	
Confirm email address	
Address	THE VICARAGE NORTH LANE WEST HOATHLY WEST SUSSEX RH19 4QF

Agent Details

Agent Details	
Agent Details	
Name	Heather
Last Name	Wilkin
Company	PCC of All Saints' Highbrook
Address	All Saints' Highbrook Hammingden Lane Highbrook
Phone number	

Tree Location

Tree Location	
Do all trees stand at the applicant address?	No
Full address/location of the site where the tree(s) stand	All Saints' Churchyard, Hammingden Lane Highbrook
Location Description	Eastern boundary of churchyard.

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	Crown lift of trees at rear end of Eastern boundary 1-2 metres, as advised by Alan Scrase of Holly Tree Surgeons.

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	Screenshot 2026-10-06 135131.png (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	To maintain manageability of churchyard - this has taken place over many years.
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

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	Heather Wilkin
Signed - Agent	Heather Wilkin
Date	2026-10-06

Summary of Form