

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	3981-7018-8293-3643
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Applicant Details

Your Details	
Applicant Details	
First name	Lindsay
Last name	Smith
Phone number	
Email address	
Confirm email address	
Address	39 HIGH STREET HURSTPIERPOINT WEST SUSSEX BN6 9TT

Agent Details

Agent Details	
Agent Details	
Name	Miles
Last Name	Collins
Company	MC Trees
Address	26 Cromwell road Burgess hill RH15 8QH
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	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	One liquid amber tree to be reduced by two and a half metres, and 1 Indian bean tree to be reduced by two metres and to separate the liquid amber and Indian bean tree so they can grow evenly.

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	Handwritten_2025-08-31_201326.jpeg (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	to manage the trees and to stop the Indian bean tree snapping out due to leaning with weight.
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

Label	

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

Declaration

Label	
Signed - Applicant	mc trees
Signed - Agent	mc trees
Date	2025-08-31

Summary of Form

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