

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	6457-3280-5877-2903
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Applicant Details

Your Details	
Applicant Details	
First name	Miles
Last name	Collins
Phone number	
Email address	
Confirm email address	
Address	26 CROMWELL ROAD BURGESS HILL WEST SUSSEX RH15 8QH

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?	No
Full address/location of the site where the tree(s) stand	Applegarth Halton shaws Hurstpierpoint Hassocks BN6 9QR

Location Description	Off the main road, on the right hand side, on a bank.
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Ownership of Trees

Label	
Is the applicant the owner of the trees?	No
Owner Details	
First name	Emily
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	Reduce all trees along highway boundary by 50% and reduce lleyandi by 3 metres. To reduce sycamore in corner of boundary by Road and footpath by 2 metres. Lleyandi on main road to be reduced by 50% Three silver birches in back garden to be reduced by 2m

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	Handwritten_2025-03-16_212712.jpeg (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	Reducing trees back to previous cuts to manage them and secure the bank.
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	none of the above
Please provide details of the name, relationship and role	

Declaration

Label	
Signed - Applicant	miles collins
Signed - Agent	miles collins
Date	2025-03-16

Summary of Form