

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	4455-0837-2522-5381
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Applicant Details

Your Details	
Applicant Details	
First name	sarah
Last name	ellis
Phone number	
Email address	
Confirm email address	
Address	Hillbury Cottage, Horsham Road, Handcross, RH17 6DB

Agent Details

Agent Details	
Agent Details	
Name	Edward
Last Name	Wright
Company	The Tree Men
Address	Horsham
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	NA

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	Tree 4 - Touching mains electric cables.jpeg (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	Tree does not have a preservation order. We are in a conservation area. We propose removing the tree completely, it is a bay tree, which is touching the overhead electrical wires and causing structural damage to the garden wall. Photo's attached (I could only attach one photo, I have another 3 I can send if needed)
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	
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Declaration

Label	
Signed - Applicant	
Signed - Agent	
Date	

Summary of Form