

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	9610-6361-1033-1220
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Applicant Details

Your Details	
Applicant Details	
First name	Theo
Last name	Ricketts
Phone number	
Email address	
Confirm email address	
Address	THE OLD VICARAGE BROAD STREET CUCKFIELD WEST SUSSEX RH17 5LL

Agent Details

Agent Details	
Agent Details	
Name	Declan
Last Name	Harris
Company	DPH Tree Surgery
Address	12 Westlands Road,Lindfield, RH16 2SR
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	To reduce western red cedar down to match hedge on right and left hand side, its around 5 meters off

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	old vicarage.pdf (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	The tree is located down the right hand side of the garden in line with the house. its to keep the hedge at a more managable height and have some more light in the garden
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	Theo
Signed - Agent	Declan
Date	2025-05-11

Summary of Form