

## 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.

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### Your Data

|                 |                     |
|-----------------|---------------------|
| REFERENCENUMBER | 7281-1467-2376-9506 |
|-----------------|---------------------|

### Applicant Details

|                       |                                                                 |
|-----------------------|-----------------------------------------------------------------|
| Your Details          |                                                                 |
| Applicant Details     |                                                                 |
| First name            | Sue                                                             |
| Last name             | Taylor                                                          |
| Phone number          | 07815800853                                                     |
| Email address         | suetaylorbalcombe@gmail.com                                     |
| Confirm email address | suetaylorbalcombe@gmail.com                                     |
| Address               | ABERCORN STOCKCROFT ROAD<br>BALCOMBE<br>WEST SUSSEX<br>RH17 6LL |

### Agent Details

|               |                                                 |
|---------------|-------------------------------------------------|
| Agent Details |                                                 |
| Agent Details |                                                 |
| Name          | Sue                                             |
| Last Name     | Taylor                                          |
| Company       | Abercorn                                        |
| Address       | Abercorn, Stockcroft Road, Balcombe<br>Balcombe |
| Phone number  | 07815800853                                     |
| Email address | suetaylorbalcombe@gmail.com                     |

### 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 | Pittosporum Tenuifolium<br><br>Tree is dead - to be removed |

## Additional Information

| ADDITIONALINFORMATION                                                                                                           |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| For all trees                                                                                                                   |                                                     |
| Sketch plan clearly showing the position of trees listed in the previous question                                               | 20260303_171426.jpg<br>( <a href="#">download</a> ) |
| For works to trees covered by TPO                                                                                               |                                                     |
| Please provide a reason why you wish to perform these works                                                                     | Tree is dead                                        |
| 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 | Sue Taylor |
| Signed - Agent     | N/A        |
| Date               | 2026-03-03 |

## Summary of Form