

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	2652-6224-8392-3535
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Applicant Details

First name	Emma
Last name	Cooke
Phone number	
Email address	
Confirm email address	
Address	9 PARKSIDE HAS SOCKS WEST SUSSEX BN6 8BL

Agent Details

Name	Emma
Last Name	Cooke
Company	n/a
Address	n/A
Phone number	n/a
Email address	

Tree Location

Do all trees stand at the applicant address?	No
Full address/location of the site where the tree(s) stand	The Sycamore is in Adastra Park and directly backs onto 9 Parkside, BN6 9BL
Location Description	Adastra Park to the rear of 9 Parkside, BN6 8BL TPO tree reference: KY/01/TP0/74

Ownership of Trees

Is the applicant the owner of the trees?	No
First name	Hassocks Parish Council
Last name	Hassocks Parish Council
Phone number	
Email address	
Address	

TPO Details

Are you seeking consent for works to tree(s) subject to TPO	Yes
Are you wishing to carry out works to tree(s) in a conservation area?	No
If you know which TPO protects the tree(s), enter its title or number	ky/01/tpo/74
Please identify the tree(s) and provide a full and clear specification of the works you want to carry out	Sycamore 30% reduction of the crown and top Approx 1.5 m

Additional Information

Sketch plan clearly showing the position of trees listed in the previous question	1000007858.jpg (download)
Please provide a reason why you wish to perform these works	An elderly lady lived in the property before us and had not managed any pruning of the tree for a number of years and it is now in great need of pruning. The tree now blocks a significant amount of natural light from reaching our property, particularly from all of our back rooms. It hangs over our garden and we are concerned about the amount of debris falling from it when the children are in the garden, particularly when it is windy.
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

With respect to the Authority, I am	none of the above
Please provide details of the name, relationship and role	

Declaration

Signed - Applicant	
Signed - Agent	n/a
Date	2025-10-09

Summary of Form

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