

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	2624-3318-9850-7094
-----------------	---------------------

Applicant Details

Your Details	
Applicant Details	
First name	Carl
Last name	Richardson
Phone number	
Email address	
Confirm email address	
Address	36 GOWERS CLOSE ARDINGLY WEST SUSSEX RH17 6UF

Agent Details

Agent Details	
Agent Details	
Name	Na
Last Name	Na
Company	Na
Address	Na
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	No.1 St Nicholas Court Lindfield Haywards heath Rh16 2ey
Location Description	Conifer tree to left hand side of bungalow

Ownership of Trees

Label	
Is the applicant the owner of the trees?	No
Owner Details	
First name	Firstport ltd
Last name	Retirement property's
Phone number	
Email address	
Address	FirstPort, Marlborough House, Wigmore Place, Luton, LU2 9EX

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	Conifer tree (0755) to cut tree flat to ground just leaving stump due to being to close to property/drainage. No replanting as allowing beech hedge behind to recover.

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	17343393264431510698357282254327.jpg (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	Na
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	
Signed - Agent	Na
Date	2024-12-16

Summary of Form