

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	9837-0497-1134-4820
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Applicant Details

Your Details	
Applicant Details	
First name	Declan
Last name	Harris
Phone number	07534476364
Email address	dphtreesurgery@gmail.com
Confirm email address	dphtreesurgery@gmail.com
Address	Costels Edge, Skaynes Hill, RH17 7PY

Agent Details

Agent Details	
Agent Details	
Name	Declan
Last Name	Harris
Company	DPH Tree Surgery
Address	39A Parklands, Maresfield, TN22 2HR
Phone number	07534476364
Email address	dphtreesurgery@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	Yes
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	Tree no.5 Silver birch Reduce lower canopy by 1 meter Tree no.7 Oak tree 2 meter reduction to reduce the crown to remove some weight and prevent future failure large basal cavity Tree no.12 Oak 2 meter reduction on lower crown Tree no.14 Oak Reduce lower crown by 2 meters away from driveway Tree no.15 Oak remove to ground level

Additional Information

ADDITIONAL INFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	Costels Edge Tree Map (1).pdf (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	I have attached our tree survey for you to cross reference locations of trees and Highlighted the trees we need you to look at, the surveyer flagged all these trees on the estate and has recommended this works
Condition of the trees(s)	Yes
Advice/Diagnostics	
Alleged damage to property	No
Report/Evidence	files.zip (download)

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	Declan
Signed - Agent	Harris
Date	2026-07-20

Summary of Form