

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	9302-9027-2961-3234
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Applicant Details

[REDACTED]	
First name	Declan
Last name	Harris
Phone number	[REDACTED]
Email address	[REDACTED]
Confirm email address	[REDACTED]
Address	29 Lucastes Avenue, Haywards Heath, RH16 1JU

Agent Details

[REDACTED]	
Name	Declan
Last Name	Harris
Company	DPH Tree Surgery
Address	39A Parklands, Maresfield, Tn22 2hr
Phone number	[REDACTED]
Email address	[REDACTED]

Tree Location

[REDACTED]	
Do all trees stand at the applicant address?	Yes
Full address/location of the site where the tree(s) stand	29 Lucastes Avenue, the two large trees at the back of the garden
Location Description	Back garden large u cant miss them

Ownership of Trees

[REDACTED]

Is the applicant the owner of the trees?	Yes
First name	
Last name	
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?	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	Ash tree showing signs of ash dieback in center of garden reduce by 5 meters to start a retrenchamnet pruning plan , Ash tree on right hand side in rear of garden to remove 10 meters

Additional Information

Sketch plan clearly showing the position of trees listed in the previous question	Sketch plan.pdf (download)
Please provide a reason why you wish to perform these works	The two trees have early signs of ash die back we want to keep them as long as possible but eliviate the risk of limbs snapping or the trees becoming unclimable
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.	
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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	
Date	2026-07-20

Summary of Form