

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	8507-4907-7400-1103
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Applicant Details

First name	JONATHAN
Last name	BULLEN
Phone number	
Email address	
Confirm email address	
Address	Shamrock Cottage North Street, Turners Hill

Agent Details

Name	Gareth
Last Name	Morgan
Company	Hillbrow Horticulture Ltd
Address	2 Hillbrow, Haywards Heath Road, North Chailey Lewes, East Sussex ES BN84EX
Phone number	
Email address	

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

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	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	I wish to seek permission to fell two Leylandii on the east border of the property. One tree is dead as a result of a honey fungus infection, this is on the corner of the border. The second has collapsed due to the weight of ivy that has grown up and along the branches. Both trees have been inspected by Hillbrow Horticulture

Additional Information

Sketch plan clearly showing the position of trees listed in the previous question	SHAMROCK COTTAGE LEYLANDII 23.09.25.pdf (download)
Please provide a reason why you wish to perform these works	Trees are in danger of falling in wind or storm conditions
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

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

Declaration

Signed - Applicant	Jonathan Bullen
Signed - Agent	Gareth Morgan
Date	2025-09-23

Summary of Form

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