

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	4821-8645-8751-0355
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Applicant Details

Your Details	
Applicant Details	
First name	Sam
Last name	Foreman
Phone number	
Email address	
Confirm email address	
Address	The Chalet Felcourt Road

Agent Details

Agent Details	
Agent Details	
Name	sam
Last Name	foreman
Company	Foreman Tree Surgeons
Address	The Chalet Felcourt Road
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	27 29 Hophurst Dr, Crawley Down, Crawley RH10 4XE
Location Description	Both trees in front gardens

Ownership of Trees

Label	
Is the applicant the owner of the trees?	No
Owner Details	
First name	Darren
Last name	McNeill
Phone number	07889 626369
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?	No
If you know which TPO protects the tree(s), enter its title or number	wp/01/tpo/08
Please identify the tree(s) and provide a full and clear specification of the works you want to carry out	x2 Alder Trees (T7) and (T8) - Reduce height by 4 metres. Reduce remaining canopy by 2 metres to match, Crown lift to 4 metres.

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	Hophurst Drive TPO appliction 9th October 2025.pdf [REDACTED]
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	Tree are to large for where they
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

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	Sam Foreman
Signed - Agent	Sam Foreman
Date	2025-10-16

Summary of Form