

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	0565-0105-0681-3166
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Applicant Details

Your Details	
Applicant Details	
First name	Darren
Last name	Tancred
Phone number	
Email address	
Confirm email address	
Address	Hawker House Independent Business Park

Agent Details

Agent Details	
Agent Details	
Name	Darren
Last Name	Tancred
Company	Four Property Group
Address	Hawker House Independent Business Park
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	Former St Francis Hospital Cowell Road Haywards Heath West Sussex
Location Description	TPO Area - Reference: HH/01/TPO/99 Adjacent Bennetts Rise Haywards Heath West Sussex

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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?	No
If you know which TPO protects the tree(s), enter its title or number	HH/01/TPO/99
Please identify the tree(s) and provide a full and clear specification of the works you want to carry out	Removal of Lawson cypress identified as T12C12 and T11C12 Removal of Beech identified as T13U

Additional Information

ADDITIONALINFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	Xerox Scan_03182025170141.pdf (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	Trees are dangerous, too tall, obstructing light or have died and concerned that it might break or fall.
Condition of the trees(s)	Yes
Advice/Diagnostics	
Alleged damage to property	No
Report/Evidence	
Are you providing separate information?	Yes
Please provide the reference numbers of plans, documents, professional reports, photographs etc in support of your application.	Plan provided and referenced above.

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	darren tancred
Signed - Agent	n/a
Date	2025-03-18

Summary of Form