

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	1204-4180-8182-9068
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Applicant Details

Your Details	
Applicant Details	
First name	Chris
Last name	Ace
Phone number	07860846480
Email address	sussextreesurgeons@gmail.com
Confirm email address	sussextreesurgeons@gmail.com
Address	CLAYHURST STOCKCROFT ROAD BALCOMBE WEST SUSSEX RH17 6LH

Agent Details

Agent Details	
Agent Details	
Name	Simon
Last Name	Birkby
Company	Sussex Tree Surgeons
Address	Erringham Farm, Mill Hill, Shoreham by Sea, West Sussex BN43 5FA
Phone number	07860846480
Email address	Sussextreesurgeons@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	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	Small conifer removal. Yew reduce lateral limbs by 1-2m. Additional yew reduce crown overall by 1-2m. Raise canopy of two Limes by 4m.

Additional Information

ADDITIONAL INFORMATION	
For all trees	
Sketch plan clearly showing the position of trees listed in the previous question	sketch clayhurst.jpg (download)
For works to trees covered by TPO	
Please provide a reason why you wish to perform these works	General maintenance and mangement
Condition of the trees(s)	No
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	Chris Ace
Signed - Agent	Simon Birkby
Date	2026-07-16

Summary of Form