Application for tree works: works to trees subject to a tree preservation order (TPO) and/or notification of proposed works to trees in a conservation area.

Town and Country Planning Act 1990

Please complete using block capitals and black ink.
You must use this form if you are applying for work to trees protected by a tree preservation order (TPO). (You may also use it to give notice of works to trees in a conservation area).

1. Applicant Name and Address

Title:	MR
First name:	GARY
Last name:	YATES
Company (optional):	
Unit:	
House number:	16
House suffix:	
House name:	
Address 1:	PARK DRIVE, FELPHAM,
Address 2:	BOGNOR REGIS, WEST
Address 3:	SUSSEX
Town:	
County:	
Country:	ENGLAND
Postcode:	PO22 7RD

2. Agent Name and Address

Title:	MR
First name:	HARVEY
Last name:	PROBERT
Company (optional):	HJ PROBERT TREE SURGERY
Unit:	
House number:	32
House suffix:	
House name:	FRENSHAM
Address 1:	ELM GROVE, BARNHAM,
Address 2:	WEST SUSSEX
Address 3:	
Town:	
County:	
Country:	ENGLAND
Postcode:	PO22 0HL

THE CUSTOMER NOT HAPPY, TREE NOT ON HIS LAND, AND THE BOARDER MOVED FORWARD

3. Trees Location

If all trees stand at the address shown in Question 1, go to Question 4. Otherwise, please provide the full address/location of the site where the tree(s) stand (including full postcode where available)

Unit: | House number: | House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (if known):

If the location is unclear or there is not a full postal address, either describe as clearly as possible where it is (for example, 'Land to the rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference:

Description:

4. Trees Ownership

Is the applicant the owner of the tree(s): ☑ Yes ☐ No

If 'No' please provide the address of the owner (if known and if different from the trees location)

Title: | First name:

Last name:

Company (optional):

Unit: | House number: | House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

5. What Are You Applying For?

Are you seeking consent for works to tree(s) subject to a TPO? ☑ Yes ☐ No

Are you wishing to carry out works to tree(s) in a conservation area? ☐ Yes ☐ No

6. Tree Preservation Order Details

If you know which TPO protects the tree(s), enter its title or number below.

7. Identification Of Tree(s) And Description Of Works

Please identify the tree(s) and provide a full and clear specification of the works you want to carry out. Continue on a separate sheet if necessary. You might find it useful to contact an arborist (tree surgeon) for help with defining appropriate work. Where trees are protected by a TPO, please number them as shown in the First Schedule to the TPO where this is available. Use the same numbers on your sketch plan.

Please provide the following information below : tree species (and the number used on the sketch plan) and description of works. Where trees are protected by a TPO you must also provide reasons for the work and, where trees are being felled, please give your proposals for planting replacement trees (including quantity, species, position and size) or reasons for not wanting to replant.

E.g. Oak (T3) - fell because of excessive shading and low amenity value. Replant with 1 standard ash in the same place.

TR1 ACER PSEUDORATANUS - TO FELL TRUNK OVERHANGING PROPERTY (TREE HAS TWO TRUNKS) TREE WOULD BE SAFER WITH ONE VERTICAL TRUNK, CUSTOMER WISHES TO PUT A SHED THERE.

7. Identification Of Tree(s) And Description Of Works continued ...

8. Trees - Additional Information

Additional information may be attached to electronic communications or provided separately in paper format.

For all trees
A sketch plan clearly showing the position of trees listed in Question 7 must be provided when applying for works to trees covered by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation area.
It would also be helpful if you provided details of any advice given on site by an LPA officer.

For works to trees covered by a TPO
Please indicate whether the reasons for carrying out the proposed works include any of the following. If so, your application must be accompanied by the necessary evidence to support your proposals.

1. **Condition of the tree(s)** - e.g. it is diseased or you have fears that it might break or fail: ☐ Yes ☐ No
   If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert.

2. **Alleged damage to property** - e.g. subsidence or damage to drains or drives. ☐ Yes ☐ No
   If YES, you are required to provide for:

   Subsidence
   A report by an engineer or surveyor, to include a description of damage, vegetation, monitoring data, soil, roots and repair proposals. Also a report from an arboriculturist to support the tree work proposals.

   Other structural damage (e.g. drains, walls and hard surfaces)
   Written technical evidence from an appropriate expert, including description of damage and possible solutions.

Documents and plans (for any tree)
Are you providing separate information (e.g. an additional schedule of work for Question 7)? ☐ Yes ☐ No

If YES, please provide the reference numbers of plans, documents, professional reports, photographs etc in support of your application. If they are being provided separately from this form, please detail how they are being submitted.

9. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority

With respect to the Authority, I am: (a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

Do any of these statements apply to you and/or agent? ☐ Yes ☑ No

If Yes, please provide details of the name, role, and how you are related to them

10. Application For Tree Works - Checklist

Only one copy of the application form and additional information (Question 8) is required. Please use this checklist to make sure that this form has been completed correctly and that all relevant information is submitted. Please note that failure to supply precise and detailed information may result in your application being rejected or delayed. You do not need to fill out this section, but it may help you to submit a valid form.

Sketch Plan

- A sketch plan showing the location of all trees (see Question 8) ☑

For all trees
(see Question 7)

- Clear identification of the trees concerned ☑
- A full and clear specification of the works to be carried out ☑

For works to trees protected by a TPO
(see Question 7)

Have you:

- stated reasons for the proposed works? ☑
- provided evidence in support of the stated reasons? in particular:
  - if your reasons relate to the condition of the tree(s) - written evidence from an appropriate expert ☐
  - if you are alleging subsidence damage - a report by an appropriate engineer or surveyor and one from an arboriculturist. ☐
  - in respect of other structural damage - written technical evidence ☐
- included all other information listed in Question 8? ☐

11. Declaration - Trees

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent: [redacted]

Date (DD/MM/YYYY):

22/05/2024 (This date must not be before the date of sending or hand-delivery of the form)

12. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code: Mobile number (optional):

[redacted]

Country code: Fax number (optional):

Email address (optional):

13. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
[redacted]		

Electronic communication - If you submit this form by fax or e-mail the LPA may communicate with you in the same manner.