R/44/15/T

ARUN
DISTRICT COUNCIL

Arun Civic Centre
Maltravers Road
Littlehampton
West Sussex BN17 5LF
Tel: 01903 737756
www.arun.gov.uk

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

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Lift by 5.2m over road & deadwood 1 No Sweet Chestnut tree, lift by 3m to 1 No. Conifer, 1 No. Maple & 1 No. Birch tree & cut back 1 No Larix tree to give 3m clearance.

. Applicant Name and Address

itle:	MS
First name:	KAREN
ast name:	POPE
ompany ptional):	PLACES FOR PEOPLE
nit:	
House number:	
House suffix:	
ouse ame:	IVY HOUSE
ddress 1:	PLACES FOR PEOPLE
ddress 2:	HOMES
ddress 3:	IVY TERRACE
own:	EASTBOURNE
ounty:	EAST SUSSEX
ountry:	ENGLAND
ostcode:	BN21 4QA

2. Agent Name and Address

Title:	MISS
First name:	MICHELLE
Last name:	COOPER
Company (optional):	ISS FACILITY SERVICE
Unit:	9
House number:	
House suffix:	
House name:	MITCHELL WAY
Address 1:	
Address 2:	
Address 3:	
Town:	PORTSMOUTH
County:	HAMPSHIRE
Country:	ENGLAND
Postcode:	PO3 5PR

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. Trees Location

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

Unit: | House number: 1-23 | House suffix:

House name: STANSFIELD COURT

Address 1: MILL LANE,

Address 2: RUSTINGTON

Address 3:

Town:

County: WEST SUSSEX

Postcode (if known): BN16 3EQ

the location is unclear or there is not a full postal address, either
escribe as clearly as possible where it is (for example, 'Land to the
ar of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or
rovide 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: MS | First name: Karen

Last name: Pope

Company (optional): Places for People

Unit: | House number: | House suffix:

House name: IVY HOUSE

Address 1: IVY TERRACE

Address 2: PLACES FOR PEOPLE

Address 3: HOMES

Town: EASTBOURNE

County: EAST SUSSEX

Country: ENGLAND

Postcode: BN21 4QA

Telephone numbers

Country code: 01292 | National number: 92697945 | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

. 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 numbe
below.

. Identification Of Tree(s) And Description Of Works

lease 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
ecessary. You might find it useful to contact an arborist (tree surgeon) for help with defining appropriate work. Where trees are
rotected by a TPO, please number them as shown in the First Schedule to the TPO where this is available. Use the same numbers on
our sketch plan (see guidance notes).
lease provide the following information below : tree species (and the number used on the sketch plan) and description of works. Where
rees are protected by a TPO you must also provide reasons for the work and, where trees are being felled, please give your proposals for
lanting replacement trees (including quantity, species, position and size) or reasons for not wanting to replant.
.g. Oak (T3) - fell because of excessive shading and low amenity value. Replant with 1 standard ash in the same place.

Please see - STANSFIELD COURT - MAP (PDF)

AND

STANSFIELD COURT - VISUAL TREE ASSESMENT (EXCEL DOC)

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. I tification Of Tree(s) And Description Of Works continued ...

I. 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 (see guidance notes). 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. (See guidance notes for further details)

1. **Condition of the tree(s)** - e.g. it is diseased or you have fears that it might break or fall: ☑ 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.

VISUAL TREE ASSESMENT

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). Authority Employee / Member

Vith respect to the Authority, I am:

a) a member of staff (c) related to a member of staff

o) an elected member (d) related to an elected member

Do any of these statements apply to you?

☐ Yes ☑ No

f Yes, please provide details of the name, relationship and role

0. Application For Tree Works - Checklist

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

ketch Plan

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

or all trees

see Question 7)

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

or works to trees protected by a TPO

see Question 7)

lave 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? ☐

1. Declaration - Trees

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

igned - Applicant: [redacted]

)ate (DD/MM/YYYY): 18/2/15 (This date must not be before the date of sending or hand-delivery of the form)

2. Applicant Contact Details

elephone numbers

:ountry code: | National number: | Extension number:

:ountry code: | Mobile number (optional):

:ountry code: | Fax number (optional):

mail address (optional):

13. Agent Contact Details

Telephone numbers

Extensior number:

[redacted]

Country code: | Fax number (optional):

Email address (optional):

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

lease see guidance notes)

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