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

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

ublication of applications on planning authority websites

lease note that the information provided on this application form and in supporting documents may be published on the uthority's website. If you require any further clarification, please contact the Authority's planning department.

lease complete using block capitals and black ink.

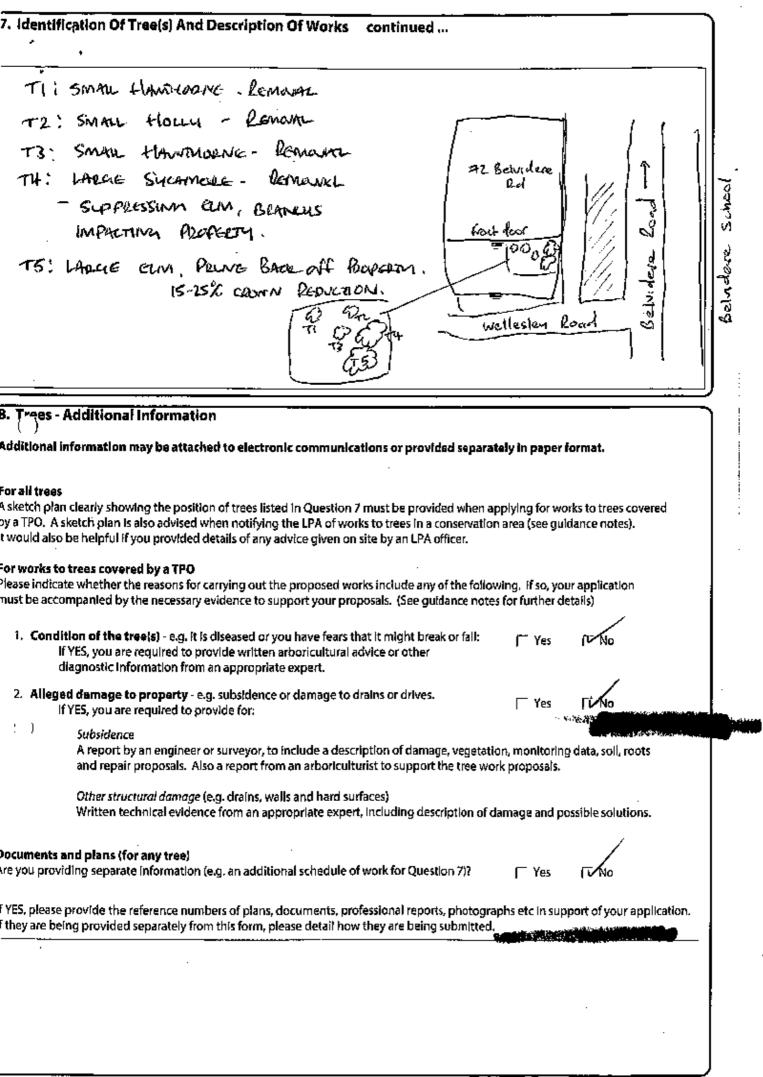
Applicant Name and Address

ou 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 otion if works to trees in a conservation area).

is ii.... ortant that you read the accompanying guidance notes before filling in the form. Without the correct information, your application / otice cannot proceed.

	A Saint Haille and Address
itle: MR First name: RONNIE	Title: ML First name: ALAN
ast name: MUSKEE.	Last name: BIBBH
ompany optional): LANDHILLS	Company (optional): NWUS NOLTHWEST HOUSING SELV
Init: House number: 21 House suffix:	Unit: House IA House suffix:
rouse name:	House name:
address 1: GUILLIMOT WAM	Address 1: DEVONSUIRE ROAD
address 2: + Incomp D	Address 2:
ddress 3:	Address 3:
own:	Town:
ounty:	County: LIVELPOOL
ountry:	Country:
ostcode: L26 7WG	Postcode: L8 3774

3. Trees Location	[4. Trees Ownership
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)	Is the applicant the owner of the tree(s): If 'No' please provide the address of the owner (If known and if different from the trees location)
Unit: House 74 House	Title: MR First name: ALAN
number: sumx:	Last name: BIBBY
House name:	Company NORTH WEST HOUSING SCEV
Address 1: BELVIDERE ROAD	Unit: House IA House suffix:
Address 2:	House name:
Address 3: TOXTETM	Address 1: DENONGHIRE ROAD
Town:	Address 2:
County:	Address 3: TOXTETM
Postcode (If known): 1-8	Town:
f the location is unclear or there is not a full postal address, either	County:
describe as clearly as possible where it is (for example, "Land to the ear of 12 to 18 High Street" or "Woodland adjoining Elm Road") or provide an Ordnance Survey grid reference:	Country:
Description:	Postcode: L8 3TX
-	Telephone numbers Extension
	Country code: National number: number:
	<u></u>
	Country code: Mobile number (optional):
	Country and a Forest to Albert h
	Country code: Fax number (optional):
	Email address (optional):
	Email address (optional).
. What Are You Applying For?	6. Tree Preservation Order Details
	If you know which TPO protects the tree(s), enter its title or number
Are you seeking consent for works to tree(s) Yes No No	below.
Are you wishing to carry out works to tree(s) Yes No	
I Identification Of Trace(s) and Description Of Marks	
Lidentification 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 rour sketch plan (see guidance notes). 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. I.g. Oak (T3) - fell because of excessive shading and low amenity value. Replant with 1 standard ash in the same place.	
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9. Authority Employee / Member 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 If Yes, please provide details of the name, relationship and role	Do any of these statements apply to √ou? ☐ Yes ☐ No
10. Application For Tree Works - Checklist	
Only one copy of the application form and additional information (Q make sure that this form has been completed correctly and that all resupply precise and detailed information may result in your application but it may help you to submit a valid form.	elevant information is submitted. Please note that failure to
Sketch Plan	
 A sketch plan showing the location of all trees (see Question 	n 8)
For all trees (see Question 7) • Clear identification of the trees concerned • A full and clear specification of the under to be saying out	
 A full and clear specification of the works to be carried out 	
For works to trees protected by a TPO (see Question 7)	C
Have you:	ľ
 stated reasons for the proposed works? 	a
 provided evidence in support of the stated reasons? In parti if your reasons relate to the condition of the tree(s) - w appropriate expert If you are alleging subsidence damage - a report by an and one from an arboriculturist. In respect of other structural damage - written technical included all other information listed in Question 87 	appropriate engineer or surveyor
11. Declaration - Trees I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant: Date (DD/MM/YYYY): (This date must not be before the date of sending or hand-delivery of the form)	als form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent:
12. Applicant Contact Details	13. Agent Contact Details
Telephone numbers Extension	Telephone numbers Extension
Country code: National number: number; Country code: Mobile number (optional):	Country code: National number: number: OISI TIGO 1200 Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Emall address (optional):	Emall address (optional):

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

Please see guidance notes)