

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. ຢູ່ເປີເຮົາ

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

Publication of applications on planning authority websites

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

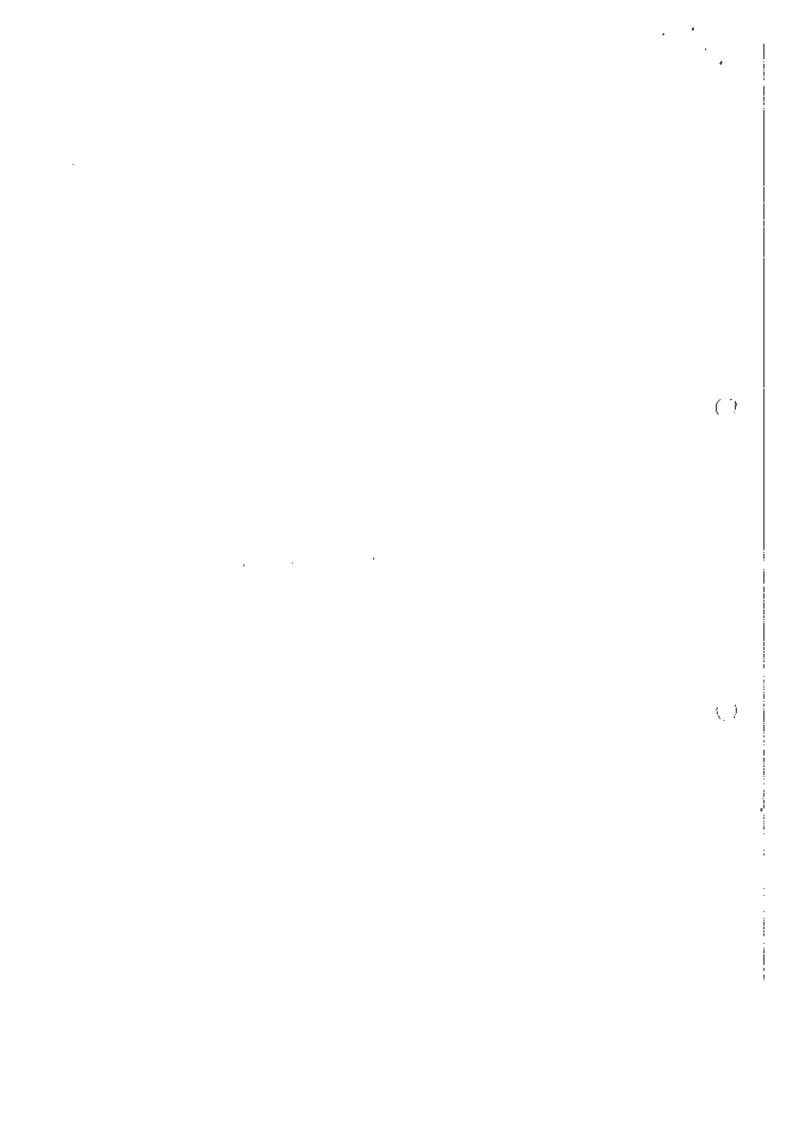
P¹gase complete using block capitals and black ink.

ù 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).

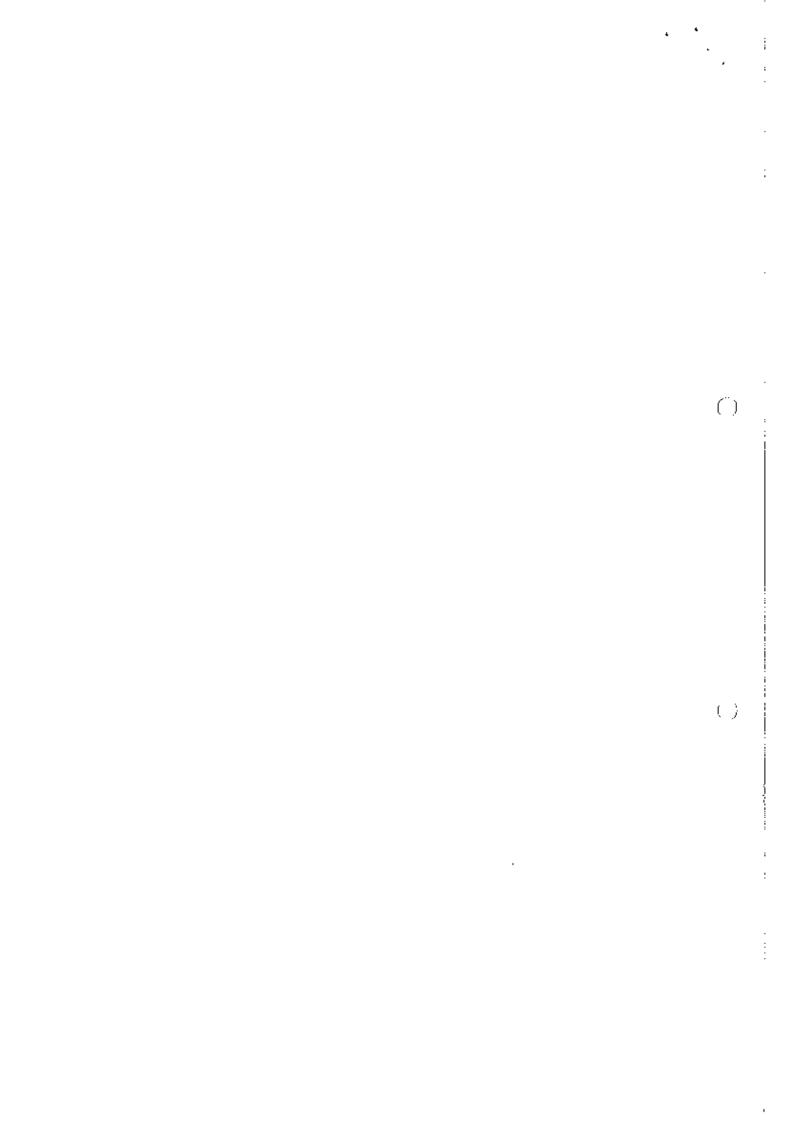
It is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your application / notice cannot proceed.

1. Applicant Name and Address	2. Agent Name and Address		
Title: MR First name: JOHN	Title: MR First name		
Last name: RUNDOCK	Last name: MC CADA		
Company (optional):	Company (optional):		
Unit: House number: House suffix:	Unit: House number:		
House name:	House name:		
Address 1: 1, PARKGATE CLOSE	Address 1:		
Address 2:	Address 2:		
Address 3:	Address 3:		
Town: LIVERPOOL	Town:		
County: MERSEYSIDE	County:		
Country: MERSEYSIDE Country: Encland	Country:		
Postcode: LIY 6FH.	Postcode:		

Title:	1R First name: STEXE
Last name:	Mª CADAM
Company (optional):	
Unit:	House House suffix:
House name:	
Address 1:	
Address 2:	
Address 3:	<u>*</u> :
Town:	
County:	
Country:	
Postcode:	



3. Trees Loca	ition		4. Trees Ownership
4. Otherwise, ple	at the address shown in Quase provide the full addre. I stand (including full post	ss/location of the site	If 'No' please provide the address of the
Unit:	House number:	House suffix:	Title: First name:
House name:		Suma.	Company Company
Address 1:			(optional): House House
Address 2:			House Suriax:
Address 3:			Address 1:
Town:			Address 2:
County:			Address 3:
Postcode (if known):			Town:
	unclear or there is not a fu		
ഘar of 12 to 18 H	ly as possible where it is (f ligh Street' or 'Woodland a sense Sugrey grid seferance	adjoining Elm Road') (
Povide an Oran Description:	nance Survey grid referenc	e.	Postcode:
)re you seeking subject to a TPC	j to carry out works to tree	e(s)	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): If you know which TPO protects the tree(s), enter its title or number below. No No
Please identify t necessary. You r protected by a T your sketch plan Please provide t trees are protect planting replace E.g. Oak (T3) - fel.	might find it useful to cont IPO, please number them In (see guidance notes), the following information I ted by a TPO you must also ement trees (including qua	all and clear specificat tact an arborist (tree s as shown in the First below: tree species (a o provide reasons for antity, species, positio ing and low amenity v	clion of the works you want to carry out. Continue on a separate sheet if surgeon) for help with defining appropriate work. Where trees are Schedule to the TPO where this is available. Use the same numbers on and the number used on the sketch plan) and description of works. Where the work and, where trees are being felted, please give your proposals for an and size) or reasons for not wanting to replant. The same place. GRAPCSE GRAPCSE LARGE FRILEN BOUGH.
117 1415	1 (7)-10 011		
111111111111111111111111111111111111111		<u></u>	SIDE OF PROPERTY REMOVE DANGEROUS.



FOLLOWING KEMONAL OF DEBRIS AN ASSESSME	47 RED	uired ks
FOLLOWING REMOVAL OF DEBRIS AN ASSESSMENTO VIABILITY OF TOP-HEAVY & UNEVEN GROOF PROPERTY.	WTH A	3 to SAFETY
OF TROVERNY.		
		<u> </u>
Trees - Additional Information	·	
iditional information may be attached to electronic communications or provided separat	ely in paper f	format.
or all trees sketch plan clearly showing the position of trees listed in Question 7 must be provided when ap a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation would also be helpful if you provided details of any advice given on site by an LPA officer.	oplying for wo narea (see gui	rks to trees covered dance notes).
or works to trees covered by a TPO ease indicate whether the reasons for carrying out the proposed works include any of the follow ust be accompanied by the necessary evidence to support your proposals. (See guidance note:	ving. If sa, you s for further de	ur application etails)
 Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall: If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert. 	[√Yes	Γ No
2. Alleged damage to property - e.g. subsidence or damage to drains or drives. if YES, you are required to provide for:	广 Yes	Γ No
Subsidence A report by an engineer or surveyor, to include a description of damage, vegetation and repair proposals. Also a report from an arboriculturist to support the tree wor	on, monitoring rk proposals.	g data, soil, roots
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of d	amage and po	ossible solutions.
ocuments and plans (for any tree) e you providing separate information (e.g. an additional schedule of work for Question 7)?	┌ Yes	ī√No
YES, please provide the reference numbers of plans, documents, professional reports, photogra they are being provided separately from this form, please detail how they are being submitted.	iphs etc in sup	port of your application.
		·-···

() ()

9. Authority Employee / Member With respect to the Authority, I am:	
(a) a member of staff (c) related to a member of staff	Do any of these statements apply to you?
(b) an elected member (d) related to an elected member	☐ Yes
If Yes, please provide details of the name, relationship and role	
10. Application For Tree Works - Checklist	
Only one copy of the application form and additional information (c	Question 8) is required. Please use the guidance and this checklist to
make sure that this form has been completed correctly and that all.	relevant information is submitted. Please note that failure to ion being rejected or delayed. You do not need to fill out this section,
Sketch Plan	
 A sketch plan showing the location of all trees (see Question 	on 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 	
or 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 par 	ticular:
 if your reasons relate to the condition of the tree(s) - v 	written evidence from an
 appropriate expert if you are alleging subsidence damage - a report by an 	n appropriate engineer or surveyor
and one from an arboriculturist.	
 In respect of other structural damage - written technic 	cal evidence
 included all other information listed in Question 87 	
11. Declaration - Trees	
/we hereby apply for planning permission/consent as described in t	this form and the accompanying plans/drawings and additional
nformation. I/we confirm that, to the best of my/our knowledge, any enulne opinions of the person(s) giving them.	y facts stated are true and accurate and any opinions given are the
'gned - Applicant:	Or signed - Agent:
Date (DD/MM/XXYY):	J
(This date must not be before the date	
of sending or hand-delivery of the form)	
2. Applicant Contact Details	13. Agent Contact Details
Felephone numbers	Telephone numbers
Country code: National number: Extension number:	Country code: National number: Extension number:
4	
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
	The second secon
Emall address (optional):	Email address (optional):
and the same said.	
	J.L

Electronic 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)

