

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

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.

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).

ip important that you read the accompanying guidance notes before filling in the form. Without the correct information, your application /

1. Applicant Name and Address	2. Agent Name and Address
Title: Mr First name: John	Title: First name: Rock
Last name: AFKLAS	Last name: Helse
Company (optional):	Company (optional): ProFrese
Unit: House number: 30 House suffix:	Unit: House number: House suffix:
House name: Wahrt CoHage	House name:
Address 1: Sandbield Rd	Address 1: Wordermare Cores
Address 2:	Address 2:
Address 3:	Address 3:
Town:	Town: Southport
County:	County:
Country:	Country:
Postcode: L25 3 PE	Postcode: PR8 3QS

3. Trees Loca) [4. Trees O	wnership		
4. Otnerwise, pie	at the address shown in Quest ase provide the full address/Id I stand (including full postcod	ocation of the site	If 'No' please	nt the owner of the tree provide the address of wn and if different fron	the	☐ No
Unit:	House	House	Title:	First name		
House	number:	suffix:	Last name:			
name:	M. P.		Company (optional):			
Address 2:			Unit:	House number:	House suffix:	7
Address 3:		***************************************	House name:			
Town:			Address 1:			*
County:			Address 2:			
Postcode			Address 3:			
(if known):	nolear or thoroic not a full	deled to the	Town:			
describe as clearly	nclear or there is not a full pos as possible where it is (for ex	ample 'Land to the	County:			
provide an Ordna	gh Street' or 'Woodland adjoir nce Survey grid reference:	ning Elm Road') or	Country:			
Description:			Postcode:			·
			Telephone nur Country code:			Extension
				National number:	r	number:
			Country code:	Mobile number (opt	ional):	
			Country code:	Fax number (options	21).	
			1	dx haniber (options	11):	
			Email address (optional):		
5. What Are Yo	u Applying For?		6. Tree Prese	ervation Order De	tails	\equiv
Are you seeking co	insent for works to tree(s) —		If you know whi	ch TPO protects the tre	e(s), enter its title or	number
1	nsent for works to tree(s)	_				
you wishing to in a conservation a	carry out works to tree(s)	Yes No				
	- L]
'. Identification	Of Tree(s) And Descrip	tion Of Works				=
necessary. You migi	tree(s) and provide a full and o ht find it useful to contact an a	dear specification of Arborist (tree surgeo	the works you wa n) for help with de	nt to carry out. Continu	Je on a separate she	eet if
our sketch plan (se	e guidance notes).	WHITE ENSUSCINEUR	ale to the IPO Whe	ere this is available. Use	the same numbers	
lease provide the f	Ollowing information below:	tree species (and the	number used on	the sketch plan) and de	escription of works.	Where
lanting replaceme .g. Oak (T3) - fell bed	nt trees (including quantity, speakers) of excessive shading and	pecies, position and s low amenity value. Re	size) or reasons for Polant with 1 stand	es are being felled, plea r not wanting to replan lard ash in the same plan	ase give your propos nt.	sals for
Ti - h	lalaut. Remou	e Ino bro	each to a	word interfere	nee with	
T2 - Oa	Ti - Walnut. Remove Ino branch to avoid interference with phone line. Ti - Oak. Crown clean and remove stubs remove ion 2 lover branches (crown 1. ft).					
•	lover Granches (crown 1. ft)					

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 you? Yes No
10. Application For Tree Works - Checklist	
	n (Question 8) is required. Please use the guidance and this checklist to all relevant information is submitted. Please note that failure to ation 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 Ques 	tion 8)
For all trees (see Question 7) • Clear identification of the trees concerned	
A full and clear specification of the works to be carried or	
For works to trees protected by a TPO (see Question 7)	it 🗹
dve you:	
 stated reasons for the proposed works? 	
 provided evidence in support of the stated reasons? in page if your reasons relate to the condition of the tree(s) - 	rticular: Written evidence from an
appropriate expert	Ŀ
 if you are alleging subsidence damage - a report by and one from an arboriculturist. 	<u></u> 1
 in respect of other structural damage - written techn 	ical evidence
 included all other information listed in Question 8? 	
11. Declaration - Trees	
I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, ar genuine opinions of the person(s) giving them. Signed - Applicant:	this form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the Or signed - Agent:
Luce (DD/MM/YYYY):	
(This date must not be before the date of sending or hand-delivery of the form)	
12. Applicant Contact Details	13. Agent Contact Details
Telephone numbers	1 #
Country code: National number: Extension number:	Telephone numbers Extension
Tidnibel.	Country code: National number: Extension number:
Country code: Mobile number (optional):	Country code: Mobile number (antional):
	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
	у прионин.
Email address (optional):	Email address (optional):
	- Darkenson vk
electronic communication - If you submit this form by fax or e-mail th	· ·

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)