

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

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.

1. Applicant Name, Address and Contact Details						
Title: Mr	First name: Rob	Surname: Ky	sh			
Company name	BUPA]				
Street address:	219]	Country Code	National Number	Extension Number	
	Lower Breck Road	Telephone number:				
		Mobile number:				
Town/City	Liverpool					
County:	Liverpool	Fax number:				
Country:	United Kingdom	Email address:				
Postcode:	L6 0AE					
	5	No				
2. Agent Name	e, Address and Contact Details First Name: Paul	Surname: Sc	ott			
Company name:	ken linford gardencare Itd					
Street address:	riverside view nurseries ulnes walt]	Country Code	National Number	Extension Number	
	leyland	Telephone number:		01772 601418		
		Mobile number:				
Town/City	preston	Fax number:				
County:	lancs					
Country:	United Kingdom	Email address:				
Postcode:	pr26 8lt	klgcheadoffice@btcor	nnect.com			

	1		
3. Trees Locat			
·	e address of the site where the tree(s) sta	nds (full address if possible	<u>ع):</u>
House:	219 Suffix:		Description:
House name:	Rowan Garth Care Home		
Street address:	Lower Breck Road		
Town/City:	Liverpool		
County:	Liverpool		
Postcode:	L6 0AE		
describe as clearly of 12 to 18 High S	nclear or there is not a full postal address y as possible where it is (for example, 'Lar treet' or 'Woodland adjoining Elm Road') yey grid reference:	nd to rear	
4. Trees Own	ership		
	ne owner of the trees		
5. What Are Y	ou Applying For?		
Are you seeking o	onsent for works to a tree(s) subject to a	TPO?	Yes No
Are you wishing t	o carry out works to tree(s) in a conserva	tion area?	○ Yes ● No
	, , , , , , , , , , , , , , , , , , ,		
6. Tree Presei	vation Order Details		
If you know which	n TPO protects the tree(s) enter its title or	number below	
7. Identificati	on Of Tree(s) And Description (Of Works	
Please identify the contact an arboris TPO where this is Please provide th must also provide and size) or reaso <i>E.g. Oak (T3) - fell I</i> T1 - Willow - Fell t	e tree(s) and provide a full and clear spec st (tree surgeon) for help with defining ap available. Use the same numbers on you e following information below : tree spec	ification of the works you v opropriate work. Where tre r sketch plan (see guidance ies (and the number used e being felled, please give hity value. Replant with 1 sta t top, in very poor conditio	on the sketch plan) and description of works. Where trees are protected by a TPO you your proposals for planting replacement trees (including quantity, species, position and ard ash in the same place.
8. Trees - Add	litional Information		
For all trees A sketch plan clea by a TPO. A sketc		LPA of works to trees in a	
Please indicate w	es covered by a TPO hether the reasons for carrying out the pr mied by the necessary evidence to suppo		
If YES,	the tree(s) - e.g. it is diseased or you have you are required to provide written arbou ostic information from an appropriate exp	icultural advice or other	or fall: Ves No
	age to property - e.g. subsidence or dan you are required to provide for:	nage to drains or drives.	◯ Yes ● No
	Subsidence A report by an angineer or surveyor	to include a description of	f damage vegetation monitoring data soil roots

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 additional information in support of your application?	• Y	'es	O No
---	-----	-----	------

If Yes, please provide the reference numbers of plans, documents, professional reports, photographs etc in support of your application:

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	Do any of these statements apply to you?	◯ Yes ⊙ I	νο		
	it as described in this form and the accompanying plan est of my/our knowledge, any facts stated are true and a rson(s) giving them.		\boxtimes	Date:	16/12/2015