## 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).
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: First name: Loke	Title: First name:
Last name: NERSHESONI	Last names
Company (optional):	Company (optional):
Unit: House number: 106 House suffix:	Unit: House suffix:
House name:	House name:
Address 1: FLATI IN FEILUSIZA	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
Town: LONIZON	Town:
County:	County:
Country: ENGLANUS	Country:
Postcode: MU3334	Postcode:

2 Translandia	
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 House suffix:	Title: First name:
House name:	Last name: Company
Address 1:	(optional):
Address 2:	Unit: House Hodse number: House suffix:
Address 3:	name:
Town:	Address 1:
County:	Address 2:
Postcode if known):	Address 3:
the location is unclear or there is not a full postal address either	County:
escribe as clearly as possible where it is (for example, 'Land to the	Country:
provide an Ordnance Survey grid reference:	Postcode:
	Telephone numbers
	Country code: National number: Extension number:

7. Identification Of Tree(s) And Description Of Works continued		
3. Trees - Additional Information		
dditional information may be attached to electronic communications or provided sep	parately in paper format.	
or all trees sketch plan clearly showing the position of trees listed in Question 7 must be provided wh y a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conserv would also be helpful if you provided details of any advice given on site by an LPA officer.	en applying for works to trees covered ation area (see guidance notes).	
or works to trees covered by a TPO ease indicate whether the reasons for carrying out the proposed works include any of the h ust be accompanied by the necessary evidence to support your proposals. (See guidance r	ollowing. If so, your application notes for further details)	
<ol> <li>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.</li> </ol>	E Yes F No	
Alleged damage to property - e.g. subsidence or damage to drains or drives.  If YES, you are required to provide for:  Subsidence  Su	┌ Yes  ┌ No	
Subsidence A report by an engineer or surveyor, to include a description of damage, vege and repair proposals. Also a report from an arboriculturist to support the tree	tation, monitoring data, soil, roots work proposals.	
Other structural damage (e.g. drains, walls and hard surfaces)		

9. Authority Employee / Member	
With respect to the Authority, I am: (a) a member of staff (c) related to a member of staff	Do and the second second
(b) an elected member (d) related to an elected member	Do any of these statements apply to you?
If Yes, please provide details of the name, relationship and role	Yes No
10. Application For Tree Works - Checklist	
only one copy of the application form and additional information make sure that this form has been completed correctly and that a supply precise and detailed information may result in your applicability may help you to submit a valid form.	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	
<ul> <li>A sketch plan showing the location of all trees (see Quest</li> </ul>	tion 8)
For all trees	11011 6)
(see Question 7)	
Clear identification of the trees concerned	
<ul> <li>A full and clear specification of the works to be carried out</li> </ul>	ut
For works to trees protected by a TPO	
(see Question 7)	
Have you:	
<ul> <li>stated reasons for the proposed works?</li> </ul>	
<ul> <li>provided evidence in support of the stated reasons? in pa</li> <li>if your reasons relate to the condition of the tree(s) - appropriate expert</li> </ul>	written evidence from an
<ul> <li>if you are alleging subsidence damage - a report by a</li> </ul>	in appropriate engineer or surveyor
and one from an arboriculturist.  in respect of other structural damage - written techni	
<ul> <li>included all other information listed in Question 8?</li> </ul>	
11. Declaration - Trees	
/we hereby apply for planning permission/consent as described in t nformation. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.	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:
Date (DD/MM/YYYY):	
(This date must not be before the date of sending or hand-delivery of the form)	
2. Applicant Contact Details	13. Agent Contact Details
elephone numbers	Telephone numbers
Country code: National number: Extension mber:	Country codes November 1
mber.	Country code: National number: number:
ountry code: Mobile number (optional):	Country code: Mobile number (optional):
	would number (optional):
ountry code: Fax number (optional):	Country code: Fax number (optional):
	Tarnumer (options):
mail address (optional):	Email address (optional):
	Email address (optional):
notronio communicati	

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)