

Planning and Regeneration

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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

13 JAN 2021

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. Applic	ant Name and Address	2. Agent Name and Address		
Title:	MRS First name: CILLIAN	Title: First name		
Last name:	GILBERT	Last name:		
Company (optional):		Company (optional):		
Unit:	House House suffix:	Unit: House number:		
House name:	ASHTON HOUSE	House name:		
Address1:	HEST STREET	Address1:		
Address2:	KILKHAMPTON	Address2:		
Address3:		Address3:		
Town:	BUDE	Town:		
County:	CORNUALL	County:		
Country:	ENGLAND	Country:		
Postcode:	Ex23 9aW	Postcode:		

Γitle:	First name:
.ast name:	
Company optional):	
Jnit:	House number: House suffix:
louse name:	
Address1:	
Address2:	
Address3:	
Γown:	
County:	
Country:	
Postcode:	

). ITCC3 CC	outon.			11	ownership		
Question 4.Ot	nd at the address s therwise, please pro e the tree(s) stand (i	vide the full addres	ss/location of	'No' please p	ant the owner of the tree(s): rovide the address of the own and if different from the	[] . — [] No
				Title:	First name:		
Jnit:	House number:		ouse	Last name:			
House name:				Company (optional):			
Address1:				Unit:	House number:	House suffix:	
Address2:				House name:		·	
Address3:				Address1:			
Town:			· · · -	Address2:			
County:				Address3:	.		
Postcode (if known):				Town:		<u> </u>	
	is unclear or there is arly as possible who	•	•	County:			
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Description:	ananceourvey gind i	ela elice.		Postcode:			
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				Email addres	l L ss(optional):		
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5. What Are	You Applying	For?			reservation Order De		<u> </u>
	ng consent for works	s to tree(s) Ye		trees (this in	r the title or number of the formation is found on the puncil website – search un	interactive map on the	
n a conservat		т, Ц	s No		AMPT DU DO	20126	
he Comwall C	cked the Interactive Council website? (s		s No				~(
under trees)							<u> </u>
Please identify if necessary. No protected by a	You might find it us	ovide a full and clea eful to contact an a per them as shown	r specification of rborist (tree surg	eon) for help w	want to carry out. Continue ith defining appropriate wo where this is available. Us	ork. Where trees are	
Please provide trees are prote planting repla	e the following infor ected by a TPO you cement trees (inclu	mation below : tree must also provide ding quantity, spec	reasons for the vies, position and	vork and, where size) or reasons	on the sketch plan) and de trees are being felled, plea for not wanting to replant. It standard ash in the same	se give your proposals	
					o be cut de		
over he	-uging lau	or, man	ര പ്രവാ സ എ	unsafe 'i	y allowed to	gat any	
taller	. Koots	will brea	le desir	Stone (iall . Trees .	over hausin	
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Trees - Additional Information	·····	
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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 You
If Yes, please provide details of the name, relationship and role	
Toppessoprovide details of the name, relationship and role	
10. Application For Tree Works - Checklist	1
make sure that this form has been completed correctly and that a	(Question 8) is required. Please use the guidance and this checklist to ill relevant information is submitted. Please note that failure to tion 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 elegraphy effection of the worder to be registed and	
 A full and clear specification of the works to be carried out 	
For 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 particle if your reasons relate to the condition of the tree(s)-vappropriate expert 	written evidence from an
 if you are alleging subsidence damage - a report by a and one from an arboriculturist. 	×
 in respect of other structural damage - written technical 	nical evidence ×
 included all other information listed in Question 8? 	
11. Declaration - Trees Age hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/eer knowledge, argenuine opinions of the person(s) giving them. Signed - Applicant:	this form and the accompanying plans/drawings and additional hyfacts stated are true and accurate and any opinions given are the Or signed - Agent:
Date (DD/MM/YYY);	
(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:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address(optional):	Email address(optional):

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