For assistance in completing this form, please contact:

Wakefield Council, Planning Services, Development Control, Wakefield One,

PO Box 700, Burton Street. Wakefield, WF1 2EB

Email: devcontrol@wakefield.gov.uk Phone: 0845 8 506 506

This form can also be completed online at: www.planningportal.gov.uk



Once submitted, applications can be monitored at: http://planning.wakefield.gov.uk/publicaccess

Application for tree works: works to trees subject to a tree preservation order (TPO) and/or notification of proposed works to trees in a consequence of the conseque

Town and Country Planning Act 1990

9-DEC-2020

You can complete and submit this form electronically via the Planning Portal by visiting www.planning

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'ublication of applications on planning authority websites

'lease 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.

lease complete using block capitals and black ink.

ou 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).

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

1. Applic	ant Name and Address	2. Agent Name and Add
Title:	MR First name: ANDRE	Title: First
Last name:	GABBITAS	Last name:
Company (optional):		Company (optional):
Unit:	House number: 16 House suffix:	Unit: House numbe
House name:		House name:
Address 1:	BRETTON LANE	Address 1:
Address 2:	WEST BRETTON	Address 2:
Address 3:	WAKEFIELD	Address 3:
Town:	WAKEFIELD	Town:
County:	WEST YORKSHIRE	County:
Country:	ENGLAND	Country:
Postcode:	WF4 4LA	Postcode:

2. Agent Name and Address				
Title:	First name:			
Last name:				
Company (optional):				
Unit:	House House suffix:			
House name:				
Address 1:				
Address 2:				
Address 3:	,			
Town:		_		
County:				
Country:				
Postcode:				

3. Trees Loca	uon		114. Trees Ownership
4. Otherwise, plea	at the address shown in Q ase provide the full addre stand (including full pos	ess/focation of the site	Is the applicant the owner of the tree(s): Yes No If 'No' please provide the address of the owner (if known and if different from the trees location)
	House [House	Title: First name:
Unit:	number:	suffix:	Last name:
House name:			Company (optional):
Address 1:			Unit: House House suffix:
Address 2:			House name:
Address 3:			Address 1:
Town:			Address 2:
County:			Address 3:
Postcode (if known):			Town:
	inclear or there is not a fu		County
rear of 12 to 18 H	y as possible where it is (i igh Street' or "Woodland ance Survey grid referend	adjoining Elm Road') or	e
Description:	arice survey grid reference		Postcode:
<u>'</u>			Telephone numbers Extension
5. What Are Y	ou Applying For?		6. Tree Preservation Order Details
	1133	,	If you know which TPO protects the tree(s), enter its title or numbe
Are you seeking subject to a TPO	consent for works to tred 1?	e(s) Yes No	TREES IN A CONSERVATION AREA.
Are you wishing in a conservation	to carry out works to tree a area?	e(s) Yes No	>
Please identify the necessary. You me protected by a Tilyour sketch plan Please provide the trees are protected planting replaced E.g. Oak (T3) - fell	night find it useful to con PO, please number them (see guidance notes), ne following information ed by a TPO you must als ment trees (including qui because of excessive shad	ull and clear specificatio tact an arborist (tree sur as shown in the First Scbelow : tree species (an below : tree species (an so provide reasons for thantity, species, position and low amenity val	ks on of the works you want to carry out. Continue on a separate sheet if rgeon) for help with defining appropriate work. Where trees are chedule to the TPO where this is available. Use the same numbers on ad the number used on the sketch plan) and description of works. Where he work and, where trees are being felled, please give your proposals for and size) or reasons for not wanting to replant. If the same place. If E CONIFERS THAT
NEED	·	+ CUTTIN	
			OVERHEAD LINES,
446	Y ARE A	FFEC 11~6	ONELHEAD MINES,

7. Identification Of Tree(s) And Description Of Works conti	nuea
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HIGH SIDED VEHICLES PLUS GENERAL TRAFFIC. NEIGHBOURS ARE COMPLAINING ABOUT LIGHT ISSUES TO THER MOUSES (& COMPLAINTS FOR YEARS!) I WOULD LIKE TO LOWER THEIR HEIGHT, RATHER THAN REMOVE IF POSSIBLE. SEE PHOTOS ENCLOSED.

8. Trees - Additional Information

Additional information may be attached to electronic communications or provided separately in paper format.

For all trees

A sketch plan clearly showing the position of trees listed in Question 7 must be provided when applying for works to trees covered by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation area (see guidance notes). It would also be helpful if you provided details of any advice given on site by an LPA officer.

For works to trees covered by a TPO

Please indicate whether the reasons for carrying out the proposed works include any of the following. If so, your application must be accompanied by the necessary evidence to support your proposals. (See guidance notes for further details)

1.	Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall:	☐ Yes	[√No
	If YES, you are required to provide written arboricultural advice or other	, , , , ,	V
	diagnostic information from an appropriate expert.		

Alleged damage to property - e.g. subsidence or damage to drains or drives. ☐ Yes ☐ No If YES, you are required to provide for:

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 separate information (e.g. an additional schedule of work for Question 7)?

If YES, please provide the reference numbers of plans, documents, professional reports, photographs etc in support of your application. If they are being provided separately from this form, please detail how they are being submitted.

9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (c) related to a member of state (b) an elected member (d) related to an elected mem			iny of these stater Yes	ments apply to you? No	•
If Yes, please provide details of the name, relationship and	i role				
10. Application For Tree Works - Checklist					
Only one copy of the application form and additional informake sure that this form has been completed correctly and supply precise and detailed information may result in your but it may help you to submit a valid form.	d that all re	levant informatio	on is submitted. P	lease note that failure	to
Sketch Plan					
 A sketch plan showing the location of all trees (see 	e Question	8)			
For all trees (see Question 7) • Clear identification of the trees concerned				П	
A full and clear specification of the works to be call	rried 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 reason if your reasons relate to the condition of the appropriate expert 	tree(s) - wr	itten evidence fr			
 if you are alleging subsidence damage - a repand one from an arboriculturist. 	,		neer or surveyor		
• in respect of other structural damage - writte		i evidence			
included all other information listed in Question 8	3? 				
11. Declaration - Trees /we hereby apply for planning permission/consent as desc information. I/we confirm that, to the best of my/our knowl genuine opinions of the person(s) giving them. Signed - Applicant	ledge, any f	s form and the a facts stated are to Or signed - Ager	rue and accurate a	ns/drawings and addi and any opinions give	itional en are the
Date (DD/MM/YYYY):					
1-12-2020 (This date must not be before the of sending or hand-delivery of					
2. Applicant Contact Details	$\overline{}$	13. Agent Co	ontact Details		
Felephone numbers		Telephone nun			
	tension Imber	Country code:	National numb	er:	Extensior number:
		Country code:	Mobile number	r (optional):	1
		Country and a	Farrance has (as	-+iIV]
		Country code:	Fax number (op	энопан.]
		Email address (optional):		J

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