



25 MAR 2021

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

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to Inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



Planning and Building Control Dukinfield Town Hall, King Street, Dukinfield SK16 4LA

Tel: 0161 342 4460 www.tameside.gov.uk

Publication of applications on planning authority websites information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

Applicant Name and Address					
Title:	MR First name: Julian				
Last name:					
Company (optional):					
Unit:	House number: S House suffix:				
House name:					
Address 1:	Lower Boadarne				
Address 2:					
Address 3:					
Town:	Shaly bridge.				
County:					
Country:					
Postcode:	SK 15 LUE				

2. Agent	Name and Address
Title:	MR First name: Ben
Last name:	Hell
Company (optional):	Acer Spades free Care
Unit:	House number: 7 House suffix:
House name:	
Address 1:	MOSSLEY RD
Address 2:	
Address 3:	
Town:	BYTON - J - LYNE
County:	
Country:	UK
Postcode:	OL6 9RU

Version 2018.1

3. Trees Loca	ation				A Troop O	analala			
If all trees stand 4. Otherwise, ple	ation at the address sh ease provide the f s) stand (including	ull address/lo	cation of t	he site	If 'No' please	nt the owner of provide the add	dress of the		No
Unit:	House number:		House sufflx:		Title:	Fin	st name:		
House name:	number.	ŀ	J. Sullik.		Last name:				
Address 1:					(optional):	Hous		Hous	
Address 2:					House	num	ber:	suffi	X:
Address 3:					name: Address 1:				
Town:					Address 2:				
County:					Address 3:				
Postcode (if known):					Town:				
If the location is	unclear or there is	not a full po	stal address	s, either	County:				
rear of 12 to 18 H	ligh Street' or 'Wo	odland adjoi			Country:				
Description:	nance Survey grld	reference:			Postcode:				
Description.					Telephone nu	mbers			Catandan
					Country code		ımber:		Extension number:
;					Country code	: Mobile nun	nber (optior	nal):	
					Country code	Fax number	r (optional):		
							. (02-101101)		
					Email address	(optional):			!
	<u> </u>]					
5. What Are \	You Applying	For?		\equiv	6. Tree Pre	servation O	rder Deta	ils	
Are you seeking subject to a TPC	consent for work	s to tree(s)	Yes	☐ No	If you know wh				or number
Are you wishing in a conservation	to carry out work n area?	s to tree(s)	Yes	☐ No					
7 Idontificati	ion Of Troo(s)	And Dece	i	CM and an					
Please Identify the necessary. You may protected by a Tilyour sketch plan Please provide the trees are protected planting replaced E.g., Oak (T3) - fell	ion Of Tree(s) the tree(s) and pro- night find it usefu PO, please number (see guidance not the following Informed by a TPO you in the ment trees (Included because of excess)	vide a full and to contact al er them as sho ites). mation below nust also pro- iling quantity, ive shading ar	I clear spec n arborist (town in the v: tree spec vide reason species, po	ification of tree surgeo First Scheducies (and the start of the we osition and onity value. R	n) for help with oule to the TPO we number used our pork and, where to size) or reasons applant with 1 state	defining approphere this is available the sketch pressure being if for not wanting and ard ash in the	priate work illable. Use t lan) and des felled, pleas g to replant. e same place	Where trees as the same numb scription of wor e give your pro	re Pers on rks. Where oposals for
TI B	ensonable 206	36 re	duce exhb	per	Sapet	and n	nein ku	ih a	
2 Asc	n 206	red	uce	10	nant	ein he	oldry	crown	and

7. Identification Of Tree(s) And Description Of Works continued						
T3 Alder reduce to ald cut to maintain healthy size tree T4-T5 Syc Reduce e Thin per healthy brown						
healthy size tree						
74-75 Syc Reduce e Thin per healtry brown						
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: If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert.						
2. Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for: Subsidence Yes No						
A report by an engineer or surveyor, to include a description of damage, vegetation, monitoring data, soll, 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)? Yes No						
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						
It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "relating to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.						
Do any of the following statements apply to you and/or agent? Yes No 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 their name, role and how you are related to them.						

10. Application For Tree Works - Checklist							
Only one copy of the application form and additional information (Question 8) is required. Please use the guidance and this checklist to make sure that this form has been completed correctly and that all relevant information is submitted. Please note that failure to supply precise and detailed information may result in your application being rejected or delayed. You do not need to fill out this section, but it may help you to submit a valid form.							
Sketch Plan							
 A sketch plan showing the location of all trees (see Quest 	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 out 	ıt						
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 pa 							
 if your reasons relate to the condition of the tree(s) - appropriate expert 	written evidence from an						
 If you are alleging subsidence damage - a report by 	an appropriate engineer or surveyor						
 and one from an arboriculturist. in respect of other structural damage - written techn 	nical evidence						
 Included all other information listed in Question 8? 							
included all other information listed in Question of							
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, a genuine opinions of the person(s) giving them. Signed - Applicant:	this form and the accompanying plans/drawings and additional ny 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							
12. Applicant Contact Details	13. Agent Contact Details						
Telephone numbers	Telephone numbers						
Country code: National number: Extension number:	Extension						
National Inditiber:	Country code: National number: 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. (Please see guidance notes)