



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

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Jpon 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:



Mid Suffolk District Council Planning Services Endeavour House, 8 Russell Road, Ipswich, IP1 2BX Tel: 0300 1234000 option 5 Email: planning@baberghmidsuffolk.gov.uk www.midsuffolk.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 rebsite.

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

printed, please complete using block capitals and black ink.

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

lītle:	MRS First name:
.ast name:	AGISON
Company optional):	
Jnit:	House number: House suffix:
louse ame:	OLD SURGERY
ddress 1:	CHURCH HILL
ddress 2:	HOXNE
ddress3:	L
own:	EYE
ounty:	SUFFOLK
ountry:	
ostcode:	

2. Agent Name and Address				
Title:	MR First name: KRISTIAN			
Last name:	GARNHAM			
Company (optional):	WANTENEY TREE SPECIALISTS			
Unit:	House number: House suffix:			
House name:	ALDERSYDE COTTAGE			
Address 1:	LOW STREET			
Address 2:	HOYNE			
Address3:				
Town:	EYE			
County:	SUFFORK			
Country:				
Postcode:	1P21 5AS			

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3. Trees Location	
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)	4. Trees Ownership 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 number: House	Title: First name:
House name:	Last name: Company
Address 1:	(optional):
Address 2:	Unit: House number: House suffix:
Address 3:	House name:
Town:	Address 1:
County:	Address 2:
Postcode	Address 3:
(if known):	Town:
f the location is unclear or there is not a full postal address, either lescribe as clearly as possible where it is (for example, 'Land to the	County:
ear of 12 to 18 High Street' or 'Woodland adjoining Em Poad') or provide an Ordnance Survey grid reference:	Country:
Description:	Postcode:
	Telephone numbers Country code: National number: Extension
	number:
	Country code: Mobile number (optional):
	Country code: Fax number (optional):
	Email address (optional):
What Are You Applying For?	6. Tree Preservation Order Details
e you seeking consent for works to tree(s)	If you know which TPO protects the tree(s), enter its title or number below.
e you wishing to carry out works to tree(s) a conservation area?	
Identification of E	
Identification Of Tree(s) And Description Of Works	
ase identify the tree(s) and provide a full and clear specification of the sessary. You might find it useful to contact an arborist (tree surgeon) for tected by a TPO, please number them as shown in the First Schedule is sketch plan (see guidance notes). ase provide the following information below: tree species (and the number are protected by a TPO you must also provide reasons for the work inting replacement trees (including quantity, species, position and size to Cak (T3) - fell because of excessive shading and low amenity value. Pepla	to the TPO where this is available. Use the same numbers on umber used on the sketch plan) and description of works. Where and, where trees are being felled, please give your proposals for
PLEASE REFER TO ATTACHED WOR	RK SCHEDULE
+ SITE PLAN	

7. Identification Of Tree(s) And Description Of Works continued		
8. Trees- Additional Information		
Additional information may be attached to electronic communications or provided separ For all trees	rately in paper	format.
A sketch plan clearly showing the position of trees listed in Question 7 must be provided when	anniving for w	orketo trees covered
by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservatilit would also be helpful if you provided details of any advice given on site by an LPA officer.	ion area (see gu	idance notes).
For worksto trees covered by a TPO		
Please indicate whether the reasons for carrying out the proposed works include any of the following the accompanied by the necessary evidence to support your proposals. (See guidance not	tesfor further d	ur application letails)
 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 	Yes	☐ No
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 Yes	☐ No
A report by an engineer or surveyor, to include a description of damage, vegetati	tion monitoring	data coil roots
and repair proposals. Also a report from an arboriculturist to support the tree wo	ork proposals.	uala, son, roots
Other structural damage (e.g. drains, walls and hard surfaces)		
Written technical evidence from an appropriate expert, including description of o	damage and po	ssible 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, photogrately from this form, please detail how they are being submitted	raphsetcin sup	port of your application.
	u.	
. Authority Employee / Member		
is an important principle of decision-making that the process is open and transparent. For the p	ournage of this	augation "rolating to"
balls related, by billing otherwise, closely enough that a fair-minded and informed observer he	aving considere	ed the facts, would
any of the following statement of the decision-maker in the local planning authority.		
	spect to the auth ember of staff	nority, I am:
(b) an ele	ected member	
	ed to a member	
Yes, please provide details of their name, role and how you are related to them.	ed to an elected	member

10. Application For Tree Works- Checklist					
Only one copy of the application form and additional information (Quantum make sure that this form has been completed correctly and that all resupply precise and detailed information may result in your application but it may help you to submit a valid form.	elevant information is a ibmitted. Please note that failure to				
Sketch Plan					
 A sketch plan showing the location of all trees (see Question 	18) ATTACHED				
For all trees (see Question 7)					
Clear identification of the trees concerned	PHOTOS ATTACHED				
 A full and clear specification of the works to be carried out 	ATTACHES				
For worksto 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 particular: if your reasons relate to the condition of the tree(s) - written evidence from an appropriate expert 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 technical	evidence				
 included all other information listed in Question 8? 					
11. Declaration - Trees I/we hereby apply for planning permission/consent as described in this information. I/we confirm that, to the best of my/our knowledge, any fagenuine opinions of the person(s) giving them. Signed - Applicant:	s form and the accompanying plans/drawings and additional acts stated are true and accurate and any opinions given are the				
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				
Caustin and a strength of the	Country code: National number: Extension number:				
	Country code: Mobile number (optional):				
Country code: Fax number (optional):	Country code: Fax number (optional):				
mail address (optional):	Email address (optional):				

ectronic communication - If you submit this form by fax or e-mail the LPA may communicate with you in the same manner. Yease see guidance notes)