

## Please send the completed form and certificate to:

Planning Services, Town Hall, Rose Hill, Chesterfield S40 1LP

Tel: 01246 345811

Fax: 01246 345809

email: planning@chesterfield.gov.uk

Website: www.chesterfield.gov.uk

FOR OFFICIAL USE ONLY
Application No.
Fee: £
Receipt No.
Date of receipt

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.

notice cannot proceed.

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 /

| 1. Applicant Name and Address |                         |  |  |
|-------------------------------|-------------------------|--|--|
| Title:                        | MC First name: JAMIE    |  |  |
| Last name:                    | SMITH                   |  |  |
| Company<br>(optional):        |                         |  |  |
| Unit:                         | House 139 House suffix: |  |  |
| House<br>name:                |                         |  |  |
| Address 1:                    | HADY HILL               |  |  |
| Address 2:                    |                         |  |  |
| Address 3:                    |                         |  |  |
| Town:                         | CHESTER FIELD           |  |  |
| County:                       | DERBYSHIRE              |  |  |
| Country:                      | UK                      |  |  |
| Postcode:                     | 541 OEE                 |  |  |

| 2. Agent Na            | me and Address   |         |
|------------------------|------------------|---------|
| Title:                 | First name:      | /       |
| Last name:             |                  |         |
| Company<br>(optional): |                  |         |
| Unit:                  | House House suff | se<br>X |
| House<br>name:         |                  |         |
| Address 1:             |                  |         |
| Address 2:             |                  |         |
| Address 3:             |                  |         |
| Town:                  |                  |         |
| County:                |                  |         |
| Country:               |                  |         |
| Postcode:              |                  |         |

| 3. Trees Lo                                 | ocation   | ] [4. Trees                          | Ownership   |                            |          |
|---|---|--------------------------------------|---|----------------------------|----------|
| 4. Otherwise,                               | nd at the address shown in Question 1, go to Question please provide the full address/location of the site e(s) stand (including full postcode where available) | If 'No' pleas                        | icant the owner of the tree provide the address of nown and if different from | of the                     | ∏ No     |
| Unit:                                       | House 139 House suffice   | Title:                               | First nam   | ne:                        |          |
| House                                       | number: 139 suffix:   | Last name:                           |   |                            |          |
| name:                                       | 11  | Company (optional):                  |   |                            |          |
|   | HADY HILL   | Unit:                                | House<br>number:  | House<br>suffix:           |          |
| Address 2:                                  |   | House<br>name:                       |   |                            |          |
| Address 3:                                  |   | Address 1:                           |   |                            |          |
| Town:                                       | HESTER FIELD  | Address 2:                           |   |                            |          |
| 9889 P. | derbyshire  | Address 3:                           |   |                            |          |
| Postcode (if known):                        | S41 OEE   | Town:                                |   |                            |          |
| If the location i                           | s unclear or there is not a full postal address, either   | County:                              |   |                            |          |
| rear of 12 to 18                            | arly as possible where it is (for example, 'Land to the High Street' or 'Woodland adjoining Elm Road') or Inance Survey grid reference:                         | Country:                             |   |                            |          |
| Description:                                |   | Postcode:                            |   |                            |          |
|   |   | Telephone n                          |   | <br>E                      | xtension |
|   |   | Country cod                          | le: National number:  |                            | um ber:  |
|   |   | Country cod                          | le: Mobile number (o)   | ntional):                  |          |
|   |   |                                      |   | Strong,                    |          |
|   |   | Country cod                          | e: Fax number (option   | nal):                      |          |
|   |   |                                      | _]  |                            |          |
|   |   | Email addres                         | s (optional):   |                            |          |
|   |   |                                      |   |                            |          |
| . What Are                                  | You Applying For?   |                                      | eservation Order D  |                            |          |
| Are vou seeking                             | consent for works to tree(s) Yes No   | If you know w<br>below.              | high TPO protects the to  | ree(s), enter its title or | number   |
| subject to a TP                             | O? Yes No   |                                      | A -2011   |                            |          |
| kre you wishing                             | to carry out works to tree(s)   | "" "                                 | N - 2011  |                            |          |
| n a conservatio                             | n area? Yes You   |                                      |   |                            |          |
| . Identificat                               | tion Of Tree(s) And Description Of Works  |                                      |   |                            | =        |
| lease identify ti                           | he tree(s) and provide a full and clear specification of  | the works you v                      | vant to carry out. Conti  | nue on a separate she      | et if    |
| ecessary. You n<br>rotected by a T          | night find it useful to contact an arborist (tree surgeo<br>PO, please number them as shown in the First Sched  | n) for help with<br>ule to the TPO w | defining appropriate we   | ork. Where trees are       | Λn       |
| oursketch plan                              | (see guldance notes).   |                                      |   |                            |          |
| iesse provide ti<br>ees are protect         | he following information below : tree species (and the ed by a TPO you must also provide reasons for the wo   | e number used o<br>ork and, where t  | on the sketch plan) and rees are being felled, pla                            | description of works. Y    | Where    |
| anting reprace                              | ment trees (including quantity, species, position and because of excessive shading and low amenity value. R   | size) or reasons                     | for not wanting to repla  | ent.                       | ais IVI  |
|   | . WHICH ARE FIELD MAPLES  |                                      |   |                            | o€       |
|   | its with LOUT BALLS INTAC   |                                      |   |                            |          |
| 99354 WX 1993                               | ETRES OF CULLENT LOCATION.  |                                      |   |                            |          |
|   | NTION IS TO LOWER THE L   |                                      |   |                            |          |
| THE THE                                     | es. Levoum of concrete  | JECTION                              | the Character 1   | THO DRIVEWS                | M        |

# 7. Identification Of Tree(s) And Description Of Works continued ...

| AND RETURN TO GRASS. IF TRANSPLANT OF TLEES IS NOT POSSIBLE THEN LEMONAL IS LERUESTED  |
|--|
| AND SUITABLE REPLACEMENTS LE PLANTED.  |
| 2/HEAVY PRUDING IS REQUESTED IN LETATION TO A PRIVET BUSH(BI) AT THE ENTRANCE TO THE DRIVEWAY OF 139 HAM MILL. IT IS A POOR STECIMEN AND UNSIGNTLY IN PRESENT STATE.  SITE VISIT IS WELCOMED IF REQUEED. |
|  |
|  |

### 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: | T Yes | No  |
|----|---|-------|-----|
|    | If YES, you are required to provide written arboricultural advice or other                    | , 105 | 100 |
|    | 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

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)?

Ves INO

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.

SEE ATTACHED LAW DETAILING LOCATION OF TREES.

| 9. Authority Employee / Member 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 the name, relationship and role  | Do any of these statements apply to you?  Yes  No  |  |  |  |  |
|--|--|--|--|--|--|
| Tres, piedes provide details of the name, teladottomp with 1910  |  |  |  |  |  |
| 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 all  | (Question 8) is required. Please use the guidance and this checklist to 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  |  |  |  |  |  |
| <ul> <li>A sketch plan showing the location of all trees (see Questi</li> </ul>  | on 8)  |  |  |  |  |
| For all trees (see Question 7)  • Clear identification of the trees concerned  | IT   |  |  |  |  |
| <ul> <li>A full and clear specification of the works to be carried out</li> </ul>  |  |  |  |  |  |
| For works to trees protected by a TPO (see Question 7)   |  |  |  |  |  |
| Have you:  |  |  |  |  |  |
| stated reasons for the proposed works?   |  |  |  |  |  |
| <ul> <li>provided evidence in support of the stated reasons? in particular:</li> <li>If your reasons relate to the condition of the tree(s) - written evidence from an         appropriate expert</li> <li>if you are alleging subsidence damage - a report by an appropriate engineer or surveyor         and one from an arboriculturist.</li> <li>in respect of other structural damage - written technical evidence</li> </ul>   |  |  |  |  |  |
| <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 this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.  Signed - Applicant:  Or signed - Agent:  Date (PD/MM/YYYY):  (This date must not be before the date of sending or hand-delivery of the form) |  |  |  |  |  |
| or seriaing of hand delivery of the form)  |  |  |  |  |  |
| 2. Applicant Contact Details   | 13. Agent Contact Details  |  |  |  |  |
| Telephone numbers Extension  | Telephone numbers Extension  |  |  |  |  |
| Country code: National number: number:   | Country code: National number: number:   |  |  |  |  |
| Country code: Mobile number (optional):  | Country code: Mobile number (optional):  |  |  |  |  |
| intobile traffice (optional).  | Country code. [Wobile Hamper (opatorias).  |  |  |  |  |
| Country code: Fax number (optional):   | Country code: Fax number (optional):   |  |  |  |  |
|  |  |  |  |  |  |
| mail 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)