

Planning Services

Council Offices, Weeley, Essex, CO16 9AJ

Email: planning.services@tendringdc.gov.uk

Website: www.tendringdc.gov.uk Telephone: 01255 686161

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.

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. Appli	icant Name and Address	2. Agent Name and Address
Title:	First name:	Title: First name:
Last name		Last name:
Company (optional)	: ALORN VILLAGE	Company (optional):
Unit:	House House suffix:	Unit: House House suffix:
House name:	MISTLEYHALL	House name:
Address 1	CLACTON ROAD	Address 1:
Address 2:		Address 2:
Address 3:	MISTLEY	Address 3: Tendring District Council Collected by
Town:	MANNINGTREE	Town: 1 9 MAR 2021
County:	ESSEX	County:
Country:		Country: Courier
Postcode:	COII 2NT	Postcode:

3. Trees Location	4. Trees Ownership
If all trees stand at the address shown in Question 1, go to 4. Otherwise, please provide the full address/location of the where the tree(s) stand (including full postcode where available).	e site If 'No' please provide the address of the
Where the treats from the transfer of the transfer of the treats of the transfer of the transf	Title: First name:
Unit: House number: House suffix:	Last name:
House name:	Company (optional):
Address 1:	Unit: House suffix:
Address 2:	House name:
Address 3:	Address 1:
Town:	Address 2:
County:	Address 3:
Postcode (if known):	Town:
If the location is unclear or there is not a full postal address	, either County:
describe as clearly as possible where it is (for example, 'Lan rear of 12 to 18 High Street' or 'Woodland adjoining Elm Ro	oad') or Country:
provide an Ordnance Survey grid reference:  Description:	Postcode:
Description.	Telephone numbers Extension
	Country code: National number: number:
	Country code: Mobile number (optional):
	Country code: Fax number (optional):
	Email address (optional):
5. What Are You Applying For?	6. Tree Preservation Order Details
5. What he rou applying to:	If you know which TPO protects the tree(s), enter its title or number
Are you seeking consent for works to tree(s) Yes	No below.
subject to a TPO?	
Are you wishing to carry out works to tree(s) Yes	□ No
	EM-d-
<ol> <li>Identification Of Tree(s) And Description Of Please identify the tree(s) and provide a full and clear spec</li> </ol>	ification of the works you want to carry out. Continue on a separate sheet if
necessary. You might find it useful to contact an arborist (t	tree surgeon) for help with defining appropriate work. Where trees are First Schedule to the TPO where this is available. Use the same numbers on
your sketch plan (see guidance notes).	
trees are protected by a TPO you must also provide reason	ries (and the number used on the sketch plan) and description of works. Where as for the work and, where trees are being felled, please give your proposals for
planting replacement trees (including quantity, species, po E.g. Oak (T3) - fell because of excessive shading and low amer	osition and size) or reasons for not wanting to replant.
BLUE CONIFER RESULTION	By 50%. TO SIDE OF APEGORY HOUSE.
MARKED (A) ON MAP	
YEW HEDGE BY BACK ENTRA	NCE TO MISTLEY HALL REDUCTION 30%
MARKEN (B) ON MAP	
	\$Dain: 2010 99 10 v5 \$Revision: 2999 5

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9. Authority Employee / Member  With respect to the Authority, I am:  (a) a member of staff  (b) an elected member  If Yes, please provide details of the name, relationship and role	Do any of these statements apply to you?  Yes No
LESLEY POLIARD EMPLOYEE HE	AD GARDENER
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 al	(Question 8) is required. Please use the guidance and this checklist to Il relevant information is submitted. Please note that failure to ation 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 Quest</li> </ul>	ion 8)
For all trees (see Question 7)  • Clear identification of the trees concerned	
<ul> <li>A full and clear specification of the works to be carried ou</li> </ul>	
For works to trees protected by a TPO (see Question 7)	
Have you:	3
<ul><li>stated reasons for the proposed works?</li></ul>	Ø
<ul> <li>provided evidence in support of the stated reasons? in pa</li> <li>if your reasons relate to the condition of the tree(s) -         appropriate expert</li> <li>if you are alleging subsidence damage - a report by a         and one from an arboriculturist.</li> <li>in respect of other structural damage - written techn</li> <li>included all other information listed in Question 8?</li> </ul>	en appropriate engineer or surveyor
11. Declaration - Trees	
Date (DD/MM/YYYY):  (This date must not be before the date of sending or hand-delivery of the form)	d in this form and the accompanying plans and additional information.  Or signed - Agent:
12. Applicant Contact Details	13. Agent Contact Details
Telephone 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. (Please see guidance notes)