## **Planning Section**

North Norfolk District Council Holt Road, Cromer, Norfolk NR27 9EN Telephone: 01263 516150 / 516151 / 516143 NORTH NORFOLK D.C.



email: planning@north-norfolk.gov.uk

POSTAL SERVICES

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 otice cannot proceed.

1. Applicant Name and Address	2. Agent Name and Address
Title: First name: CATMY	Title: First name: OLIVER
Last name: Sou THER TON	Last name: HUSAR
Company (optional):	Company (optional): OLIVER MUSAR TREE SERVICES
Unit: House House suffix:	Unit: House 9 House suffix:
House name: CHINE PINES	House name:
Address 1: THE STREET	Address 1: STUNEFIELD ROAD
Address 2: LITTLE BARNING HAM	Address 2: BACONSTHORPE
Address 3:	-Address 3:
Town:	Town: Wolt
County:	County:
Country:	Country:
Postcode: NRII 7AG	Postcode: NR25 6LP

4. Otherwise, please	he address shown in provide the full add	dress/location of th	ne site	Is the applicant the lif 'No' please provious owner (if known)	ride the addres	s of the	Yes (Sociation)	
where the tree(s) st	and (including full p	ostcode where ava	allable)	Title:	First na	<del></del>		
Unit:	number:	suffix:		Last name:				
House name:				Company (optional):				
Address 1:				Unit:	House number:		House suffix:	
Address 2:				House name:				
Address 3:				Address 1:				
Town:				Address 2:			· · · · · · · · · · · · · · · · · · ·	<del></del>
County:				Address 3:	<del></del>			
Postcode F				Town:		<del> </del>	<del></del>	
(if known):	clear or there is not	i a full postal addre:	ss, either	County:		<del></del>		
describe as clearly	as possible where it	is (for example, La	nd to the					
rear of 12 to 18 Hig provide an Ordnar	ih Street' or Woodla nce Survey grid refer	euce:	-Jun   VI	Country:		<del></del>	· · · · · · · · · · · · · · · · · · ·	-
Description:			· · · · · · · · · · · · · · · · · · ·	Postcode:				
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						la - Dataila		
5. What Are Yo	ou Applying For	7	•	6. Tree Prese				or niii
Are vou seeking c	onsent for works to	tree(s)v		below.				
subject to a TPO?		res tes	✓ No					
Are you wishing t	o carry out works to	tree(s)	No					
in a conservation	area?	<u> </u>		/				
7. Identification	on Of Tree(s) An	d Description	Of Works					_
	e tree(s) and provide ight find it useful to	contact an arboris	t (tree surae	on) for help with a	etining approp	riate work. w	nere trees ar	e
protected by a TP	O, please number th	nem as shown in th	e First Sche	dule to the TPO wh	ere this is avail	able. Use the	same numb	ers or
	(see guidance notes e following informat	dan balaiu trop cr	ecies (and	he number used o	n the sketch pla	in) and descri	ption of wor	ks. W
	tal large at TDO years maked	t alco provide reas	one for the	work and, where tr	ees are being it	tucu, picase y	live your pro	posal
En Oak (T3) - fell !	nent trees (including because of excessive	thading and low an	nenity value	: <b>Kepia</b> nt With Tstur	idara asirin are	Julie place.		
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Identification Of Tree(s) And Description Of Works conti	nued		
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9. Authority Employee / Wember	
With respect to the Authority, I am: (a) a member of staff (c) related to a member of staff	<b>.</b>
(b) an elected member (d) related to an elected member	Do any of these statements apply to you?
If Yes, please provide details of the name, relationship and role	☐ Yes ☐ No
The presse provide details of the flattle, relationship and role	
10. Application For Tree Works - Checklist	
Only one copy of the application form and additional information (Question make sure that this form has been completed correctly and that all relevant	in 8) is required. Planes use the mild
make sure that this form has been completed correctly and that all relevant	t information is submitted. Please note that failure to
supply precise and detailed information may result in your application bein but it may help you to submit a valid form.	ng rejected or delayed. You do not need to fill out this section
Switching free you to subfine a valid form.	
Sketch Plan	
<ul> <li>A sketch plan showing the location of all trees (see Question 8)</li> </ul>	П
For all trees	· ·
(see Question 7)	and the second s
<ul> <li>Clear identification of the trees concerned</li> </ul>	
<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)	the second second second
Have you:	ing di kacamatan dan kacam Kacamatan dan kacamatan da
• stated reasons for the proposed works?	
9 provided evidence in current of the state discountry	LJ .
<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 expenses.</li> </ul>	vidence from an
appropriate expert	
<ul> <li>if you are alleging subsidence damage - a report by an appropriate and one from an arboriculturist.</li> </ul>	irlate engineer or surveyor
in respect of other structural damage - written technical evide	ence
<ul> <li>included all other information listed in Question 8?</li> </ul>	
included an other information listed in Question 8?	
11. Declaration - Trees	
I/we hereby apply for planning permission/consent as described in this form information. I/we confirm that, to the best of my/our knowledge, any facts st	and the accompanying plans/drawings and additional
genuine opinions of the person(s) giving them.	ated are true and accurate and any opinions given are the
Signed - Applicant: Or sign	ned - Agent:
Date (DD/MM/YYYY):	
13/04/2021 (This date must not be before the date	
of sending or hand-delivery of the form)	
12. Applicant Contact Details	gent Contact Details
Tolophona mumbaun	
Extension Extension	hone numbers Extension
Country code: National number: number: Count	try code: National number:
Country code: Mobile number (optional): Count	ry code: Mobile number (optional):
Country code: Favorable (1)	
Country code: Fax number (optional):	ry code: Fax number (optional):
mail address (optional):	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)