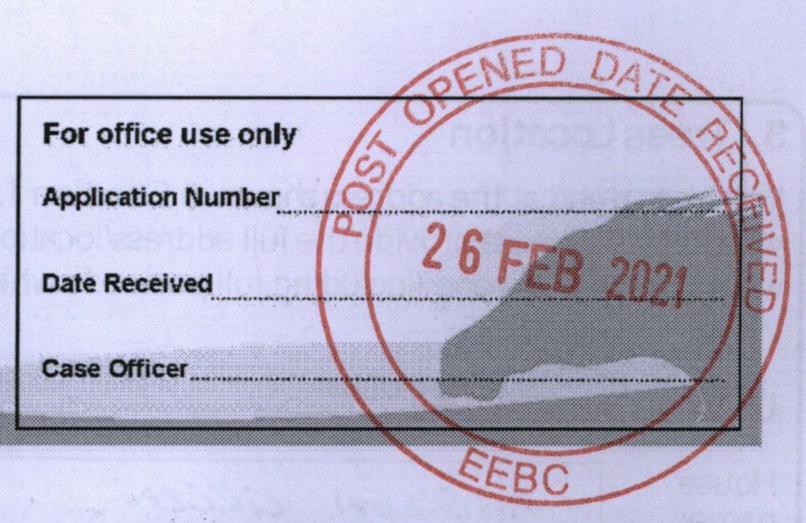


serving the community

## Planning Division Town Hall, The Parade, Epsom, Surrey, KT18 5BY

Tel: 01372 732000 Fax: 01372 732388

Email: contactus@epsom-ewell.gov.uk Website: www.epsom-ewell.gov.uk



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. Applicant Name and Address		2. Agent Name and Address		
Title:	MR First name: John	Title:		
Last name:	GRICE	Last name:		
Company (optional):		Company (optional):		
Unit:	House number: 12 House suffix:	Unit: House number: House suffix:		
House name:		House name:		
Address 1:	ST MARGARET DRIVE	Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	Ersour	Town:		
County:	SURREY	County:		
Country:	ENGLAND	Country:		
Postcode:	KT 18 7 LB	Postcode:		

3. Trees Location	4. Trees Ownership
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)	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: 12 House suffix:	Title: First name:
House name: ABGRLEA GREEN	Last name: ABGRLEA GREEN
Address 1: ST ELIZABETH DRIVE	Company (optional):
Address 2:	Unit: House number: House suffix:
Address 3:	House name:
Town: Ersom	Address 1:
County: Surrey	Address 2:
Postcode	Address 3:
(if known): K718 7LB	Town:
If the location is unclear or there is not a full postal address, either describe as clearly as possible where it is (for example, 'Land to the	County:
rear of 12 to 18 High Street' or 'Woodland adjoining &m Road') or provide an Ordnance Survey grid reference:	Country:
Description:	Postcode: K718 7LB
THE TREES ARE TO THE	Telephone numbers
	Country code: National number: Extension number:
NORTH OF THE PROPERTY  12. ST EZIZABETH DRIVE, EPSOM.	Country code: Mobile number (optional):
12. St EZIZABETH DRIVE, -1301.	Country code: Mobile number (optional):
	Country code: Fax number (optional):
	Email address (optional):
	CARICECHRISCO BTINTERNET. COM
What Are You Applying For?	6. Tree Preservation Order Details
	If you know which TPO protects the tree(s), enter its title or number
re you seeking consent for works to tree(s) Yes No bject to a TPO?	below.
re you wishing to carry out works to tree(s) a conservation area?	
a conservation area?	
Identification Of Tree(s) And Description Of Works	
ease identify the tree(s) and provide a full and cloor on acidination of	e works you want to carry out. Continue on a conservation of
ecessary. You might find it useful to contact an arborist (tree surgeon) otected by a TPO, please number them as shown in the First Schedule ur sketch plan (see guidance notes).	for help with defining appropriate work. Where trees are
ur sketch plan (see guidance notes)	to the iro where this is available. Use the same numbers on
ease provide the following information below: tree species (and the nessere protected by a TPO you must also provide reasons for the work anting replacement trees (including quantity, species, position and size	umber used on the sketch plan) and description of works. Where
anting replacement trees (including quantity masics assist	varia, where trees are being felled, please give your proposals for
Pepi	lant with 1 standard ash in the same place.
SEE ATTHATED REPORT FROM LLOYDS	BANK

	fication Of Tree(s) And Description Of Works continued			
	SET ATTACH REPORT FOR LOCATION SKETCH.			
	The state of the second control of the secon			
Trees	- Additional Information	(并) 正线性的		
Additionation and the second s	Il information may be attached to electronic communications or provided separates	ely in paper	format.	
A sketch p by a TPO.	lan clearly showing the position of trees listed in Question 7 must be provided when an aketch plan is also advised when notifying the LPA of works to trees in a conservation so be helpful if you provided details of any advice given on site by an LPA officer.	oplying for wo n area (see gui	orks to trees condended idance notes)	overed
Please ind	to trees covered by a TPO cate whether the reasons for carrying out the proposed works include any of the follow companied by the necessary evidence to support your proposals. (See guidance note	wing. If so, you	ur application etails)	1
1. Cor	Idition 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.	√ Yes	☐ No	
2. Alle	eged damage to property - e.g. subsidence or damage to drains or drives.  If YES, you are required to provide for:	√ Yes	☐ No	
	Subsidence A report by an engineer or surveyor, to include a description of damage, vegetation and repair proposals. Also a report from an arboriculturist to support the tree wo		g data, soil, ro	oots
	Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of o	lamage and p	ossible soluti	ons.
	ts and plans (for any tree) oviding separate information (e.g. an additional schedule of work for Question 7)?	√ Yes	☐ No	
	ase provide the reference numbers of plans, documents, professional reports, photogra		port of your	application
	being provided separately from this form, please detail how they are being submitted.			
f they are				

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 (b) an elected member (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					
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.						
<ul> <li>Sketch Plan</li> <li>A sketch plan showing the location of all trees (see Question</li> </ul> For all trees	18)					
(see Question 7)  • Clear identification of the trees concerned						
A full and clear specification of the works to be carried out						
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 parti</li> <li>if your reasons relate to the condition of the tree(s) - w appropriate expert</li> <li>if you are alleging subsidence damage - a report by an and one from an arboriculturist.</li> <li>in respect of other structural damage - written technical included all other information listed in Question 8?</li> </ul>	ritten evidence from an					
11. Declaration - Trees  I/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 (DD/MM/YYY  25/2/2021  (This date must not be before the date of sending or hand-delivery of the form)						
Telephone numbers Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Telephone numbers Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):					

Bectronic 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)