

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. Applic	ant Name and Address	2. Agent Name and Address
Title:	MRS First name: SILVIA	Title: MR First name: GEORGE
Last name:	Baines	Last name: SANDERSON
Company (optional):		Company GS TREES AND LANDSCAPES
Unit:	House House suffix:	Unit: House House suffix:
House name:	CHURCHLAMPS	House FLM FARM
Address 1:	THE STREET	Address 1: SWAN ROAD
Address 2:	TENDRING	Address 2: BEAUMONT
Address 3:		Address 3:
Town:	CLACTON ON SEA	TOWN: CLACTOM - OM SEA
County:	ESSEX	County: ESSEX
Country:	ENGLAND	Country: ENGLAMD
Postcode:	CO16 ObL	Postcode: CO160AH

	ition			1	4. Trees Own	ership			
. Otherwise, ple	at the address sho case provide the fu) stand (including	III address/loca	tion of the:	site	Is the applicant to If 'No' please pro- owner (If known	vide the address	of the	Yes es location)	□ No
] House		House		Title:	First na	me:		
Jnit:	number:		suffix:		Last name:				
House name:					Company (optional):				
Address 1:					Unit:	House number:		House suffix:	
Address 2:			American Col		House	The most			
Address 3:					name:				
Town:									
-		er-mortusita.			Address 2:			-	
County:		1			Address 3:				
(if known):				V	Town:				
f the location is	unclear or there is rly as possible who	not a full post ere it is (for ex-	ral address, mple, 'Land	either I to the	County:				
ear of 12 to 18	High Street' or 'Wo	oodland adjoin	ing Elm Roa	od) or	Country:				
Transcenses our Livie of	nance Survey grid	reference:			Postcode:				
Description:				\neg	Telephone num	bers			Extension
					Country code:	National numb	oer:		number
						L			
					Country code:	Mobile number	r (optional)):	
					Country code:	Fax number (o	otional):		
					Email address (optional);			
	You Applying		Yes		6. Tree Present from white below.				or num
	g to carry out wor	ks to tree(s)	Yes	□ No					
	to the second territory of	ovide a full and	d clear spec	ification of ree surge First Sche	of the works you won! for help with d dule to the TPO wi	nere this is avail	able. Use th	e same num	pers on
protected by a your sketch pla Please provide trees are prote planting replace	TPO, please number an (see guidance not the following info- ected by a TPO you cement trees (included the following of excess following the property following the property following the property following follow	notes). ormation belov i must also pro uding quantity ssive shading a	vide reason , species, po ad low amer	is for the osition an ni ty val ue	the number used of work and, where to disize) or reasons to Replant with 1 state. Lookung	for not wanting adord ash in the	to replant same place.	givyy	oposals f

			-
. Trees - Additional Information			
dditional information may be attached to electronic communications or provided separat	ely in paper f	ormat.	
or all trees	plying for wo	rks to trees co	vered
or all trees sketch plan clearly showing the position of trees listed in Question 7 must be provided when as y a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation would also be helpful if you provided details of any advice given on site by an LPA officer.	area (see guid	dance notes).	
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9. Authority Employee / Member	
With respect to the Authority, I am: (a) a member of staff (c) related to a member of staff	Do any of these statements apply to you?
(b) an elected member (d) related to an elected member	T Yes No
if Yes, please provide details of the name, relationship and role	
10. Application For Tree Works - Checklist Only one copy of the application form and additional information (Comake 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.	
Sketch Plan	
 A sketch plan showing the location of all trees (see Question) 	on 3)
For all trees (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:	Spirit Service Control of the Contro
 stated reasons for the proposed works? 	
 provided evidence in support of the stated reasons? in part if your reasons relate to the condition of the tree(s) - v appropriate expert 	
 if you are alleging subsidence damage - a report by ar 	n appropriate engineer or surveyor
and one from an arboriculturist. in respect of other structural damage - written techni-	cal evidence
 included all other information listed in Question 8? 	1-1
11. Declaration - Trees	
	in this form and the accompanying plans and additional information Or signed - Agent:
Signed - Applicant:) sgree-Agent.
Date (DD/MM/YYYY):	•
21/5/2021 (This date must not be before the date of sending or hand-delivery of the form)	
12. Applicant Contact Details	13. Agent Contact Details
Felephone 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)