Planning Section

North Norfolk District Council Holt Road, Cromer, Norfolk NR27 9EN Telephone: 01263 516150 / 516151 / 516143 email: planning@north-norfolk.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.

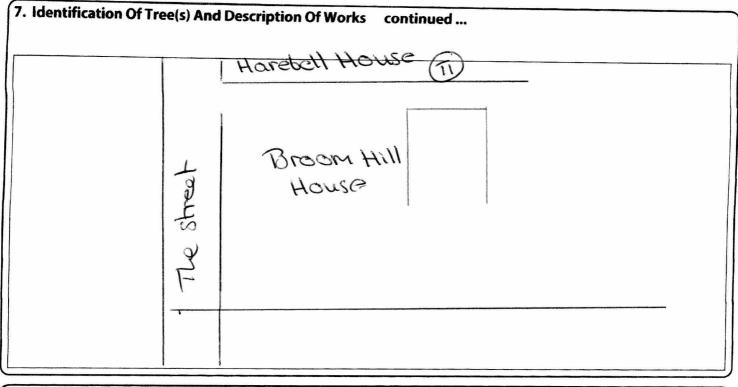
Please complete using block capitals and black ink.

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: MD First name: CUNS	Title: MR First name: DAUID
Last name: Hill	Last name: GILLETT
Company (optional): Kelling Estates	Company DAVID GILLETT TREE (optional): SERVICES
Unit: House House suffix:	Unit: House 14 House suffix:
House name: Estate office	House name: THE HOMESTEAD
Address 1: Kelling	Address 1: 14 BOOTON RCAD
Address 2:	Address 2: CAWSTON
Address 3:	Address 3:
Town: Half	Town: NORWICH
County:	County: NORFOUL
Country:	Country:
Postcode: NR25 7EW.	Postcode: RRIO 4AH

3. Trees Location		
If all trees stand at the address shown in Question 1, go to Question	4. Trees Ownership	
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): Yes No If 'No' please provide the address of the owner (if known and if different from the trees location)	
Unit: House House suffix:	Title: First name:	
name: Harebell House	Last name: Company	
Address 1: The street	(optional): Unit: House House	
Address 2: Welling	House	
Address 3:		
Town: Halt	Address 1: The Streat	
County:	Address 3:	
Postcode (if known): NR257EL	Town: Halt	
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 Elm Road') or provide an Ordnance Survey grid reference:	Country:	
Description:	Postcode: NR25 7EL	
	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	
, , , , , , , , , , , , , , , , , , ,	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 subject to a TPO?	below.	
Are you wishing to carry out works to tree(s) Yes No		
7. Identification Of Tree(s) And Description Of Works		
Please identify the tree(s) and provide a full and clear specification of necessary. You might find it useful to contact an arborist (tree surgeor	n) for help with defining appropriate work Whore trees are	
protected by a TPO, please number them as shown in the First Schedu your sketch plan (see guidance notes).	le to the TPO where this is available. Use the same numbers on	
Please provide the following information below : tree species (and the	number used on the sketch plan) and description of works. Where	
rees are protected by a TPO you must also provide reasons for the wo planting replacement trees (including quantity, species, position and s .g. Oak (T3) - fell because of excessive shading and low amenity value. Re	size) or reasons for not wanting to replant	
TI - ASL Mature - Fell - Deason - A min		
limb (1/20F the bree) has failed (broben out) leave 33 of tree weighted to one side.		
leave 3 of tree w	eighted to one side	
Failed link due to	decay at main stery	



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)

 Condition 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		
 Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for: 	☐ Yes	∏ No		
<i>Subsidence</i> A report by an engineer or surveyor, to include a description of damage, vegetatior and repair proposals. Also a report from an arboriculturist to support the tree work		data, soil, roots		
<i>Other structural damage</i> (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of dat	mage and po	ssible solutions.		
Documents and plans (for any tree) Are you providing separate information (e.g. an additional schedule of work for Question 7)?	☐ Yes	∏ No		
f 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.				

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	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 (Question 8 make sure that this form has been completed correctly and that all relevant in supply precise and detailed information may result in your application being but it may help you to submit a valid form.	formation is submitted. Please note that failure to
Sketch Plan	
• A sketch plan showing the location of all trees (see Question 8)	
For all trees	
(see Question 7)	
 Clear identification of the trees concerned 	Z
 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?	
 provided evidence in support of the stated reasons? in particular: 	
 if your reasons relate to the condition of the tree(s) - written evid appropriate expert 	lence from an
 if you are alleging subsidence damage - a report by an appropria and one from an arboriculturist. 	ate engineer or surveyor
 in respect of other structural damage - written technical evidence 	e 🗌
included all other information listed in Question 8?	
11. Declaration - Trees	
I/we hereby apply for planning permission/consent as described in this form an information. I/we confirm that, to the best of my/our knowledge, any facts state genuine opinions of the person(s) giving them. Signed - Applicant: Or sig	d the accompanying plans/drawings and additional ad are true and accurate and any opinions given are the

Signed - Applicant:	Or sig
Date (DD/MM/YYYY): 414122 (This date must not be before the date of sending or hand-delivery of the form)	
12. Applicant Contact Details	13. Agent Contact Details
Telephone numbers Extension Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional):	Telephone numbers Extension Country code: National number: 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)