

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

rivacy Notice

his form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting iformation to the Local Planning Authority in accordance with the legislation detailed on this form.

lease be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any absequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in greement with the declaration section.

pon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its bligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and ammercial requirements relating to information security and data protection of the information you have provided.

ocal Planning Authority details:



Magdalen House 30 Trinity Road Bootle L20 3NJ

planning.department@sefton.gov.uk 0345 140 0845 option 4

ublication of applications on planning authority websites

iformation provided on this form and in supporting documents may be published on the authority's planning register and rebsite.

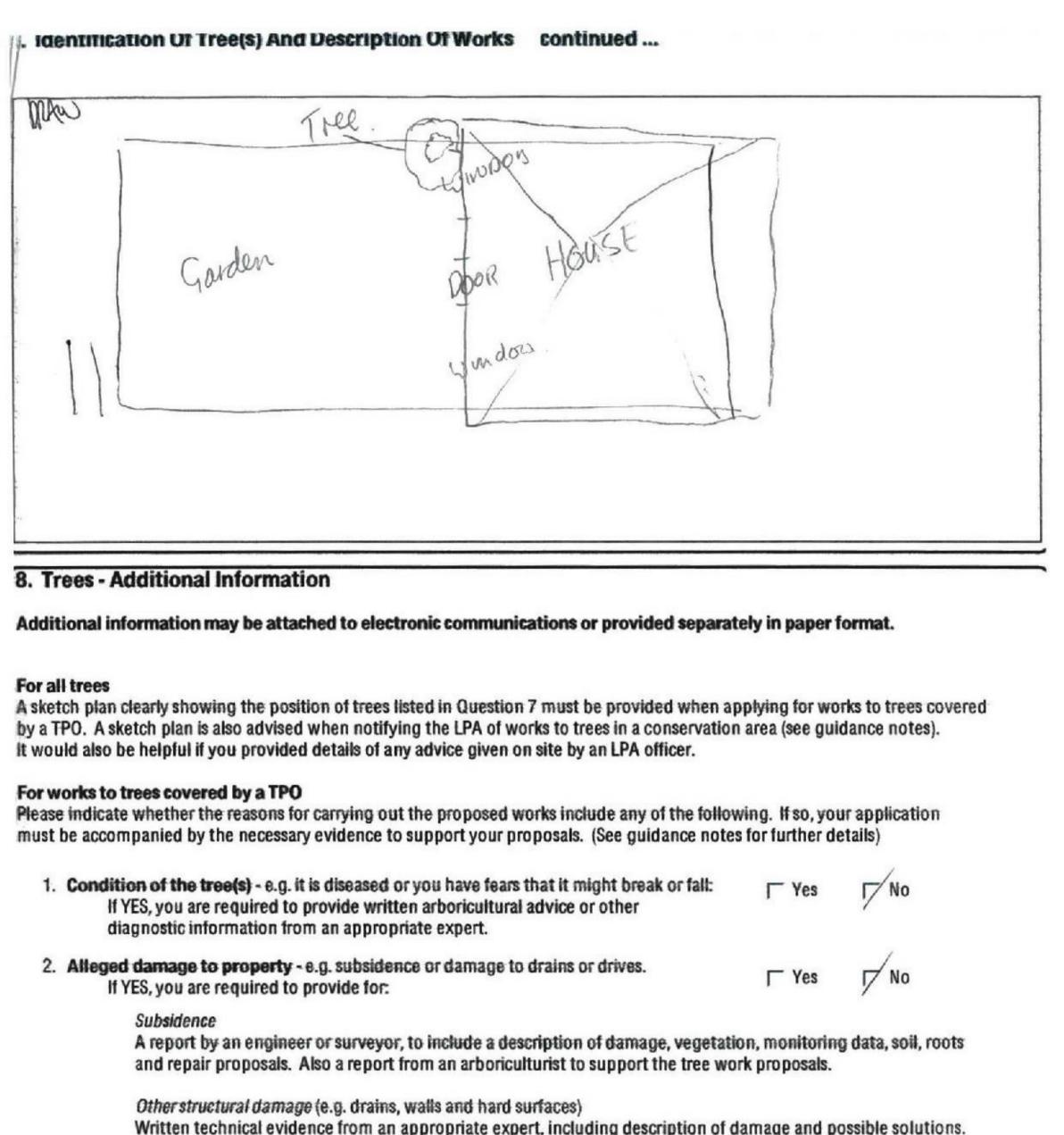
lease ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require ny further clarification, please contact the Local Planning Authority directly.

printed, please complete using block capitals and black ink.

is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your pplication.

. Applicant Name and Address	2. Agent Na	2. Agent Name and Address		
itle: MID First name: WCA	Title:	First name:		
ast name: CAMPOLUCCI - 2006	Last name:			
ompany optional):	Company (optional):			
nit: B House number:	House suffix: Unit:	House House suffix:		
ouse ame:	House name:			
ddress 1: GLOUCESTER RI	BAD Address 1:			
ddress 2: BIRK PALE	Address 2:			
ddress 3: SOUTHPORT	Address 3:			
own:	Town:			
ounty:	County:			
ountry:	Country:			
ostcode: PR8 ZAW	Postcode:			

3. Trees Loca	tion		1] [4. Trees Ownership		
f all trees stand a 4. Otherwise, plea	at the address shown i ase provide the full ad stand (including full p	idress/location of t	the site	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:	House suffix:		Title: First name:		
House name:	Humbon			Last name: Company		
Address 1:		/		(optional): House House		
Address 2:				House number: suffix:		
Address 3:	/			name: Address 1:		
Town:				Address 2:		
County:				Address 3:		
Postcode (if known):				Town:		
f the location is u	unclear or there is not	[1] - [1] -		County:		
rear of 12 to 18 H	ly as possible where it ligh Street' or 'Woodla	and adjoining Elm		Country:		
. /	ance Survey grid refe	rence:		Postcode:		
Description:				Telephone numbers Extension		
/				Country code: National number: number:		
				Country code: Mobile number (optional):		
				Country code: Fax number (optional):		
				Email address (optional):		
				Email address (optional):		
5. What Are	You Applying For	17		6. Tree Preservation Order Details		
Ara yay cooking	consent for works to	tropici -		If you know which TPO protects the tree(s), enter its title or number below.		
subject to a TPC		Yes Yes	☑ No			
Are you wishing	to carry out works to	tree(s)	- No			
in a conservation		Yes	☐ No			
Please identify to necessary. You re protected by a To your sketch plan Please provide to trees are protect planting replace	might find it useful to IPO, please number the (see guidance notes the following informated by a TPO you must ment trees (including	e a full and clear sp contact an arboris hem as shown in the i). tion below : tree sp st also provide reas g quantity, species	pecification of st (tree surge the First Schero pecies (and the sons for the value)	of the works you want to carry out. Continue on a separate sheet if eon) for help with defining appropriate work. Where trees are edule to the TPO where this is available. Use the same numbers on the number used on the sketch plan) and description of works. Where work and, where trees are being felled, please give your proposals for not size) or reasons for not wanting to replant. In Replant with 1 standard ash in the same place.		
To be Blocking	e, g no removed y natral D almost	utility of programic light in	ratie. nally	to dose to the hour. by our gordener. the house I concerned about nots house. Hispabout 1900t.		



If YES, please provide the reference numbers of plans, documents, professional reports, photographs etc in support of your application.

☐ Yes

┌ No

Documents and plans (for any tree)

Are you providing separate information (e.g. an additional schedule of work for Question 7)?

If they are being provided separately from this form, please detail how they are being submitted.

9. Authority Employ With respect to the Author (a) a member of staff	rity, I am: (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 deta	ills of the name, relationship and role		***************************************		
0. Application For T	ree Works - Checklist				
make sure that this form h	cation form and additional information as been completed correctly and that a d information may result in your applica mit a valid form.	Il relevant information is submitt	ed. Please note that failure to		
Sketch Plan					
 A sketch plan sho 	wing the location of all trees (see Quest	tion 8)			
20200	on of the trees concerned				
Productive and Control and Footing Production	ecification of the works to be carried or	и			
For works to trees protect (see Question 7)	ted by a TPO				
Have you:					
- W - S - W - W - W	r the proposed works?				
 provided evidence if your reason appropri 					
 if you are all and one 	yor				
 in respect of 	f other structural damage - written tech	nical evidence			
 included all other 	r information listed in Question 8?				
1. Declaration - Tre /we hereby apply for plant information. I/we confirm to jenuine opinions of the per Signed - Applicant:	ning permission/consent as described in that, to the best of my/our knowledge, a	or signed - Agent:	g plans/drawings and additional rate and any opinions given are t	he	
Date (DD/MM/YYYY):	(This date must not be before the date of sending or hand-delivery of the form				
2. Applicant Contac	t Details	13. Agent Contact Det	tails		
Felephone numbers	Extension	Telephone numbers	Evto	nsion	
Country code: National		Country code: National n		nber:	
Country code: Mobile n	umber (optional):	Country code: Mobile nu	mber (optional):		
Country code: Fax num		Country code: Fax numb	er (optional):		
Tax num	ber (optionar).	Tax mullib	er (optional).		
Email address (optional):		Email address (optional):			

lectronic 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)