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.

four 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).

t is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your application notice cannot proceed.

Applicant Name and Address	2. Agent Name and Address
Title: First name:	Title: MR First name: JRRRY
Last name:	Last name: Co ×
Company (optional):	Company (optional): N.W.7.5
Unit: House number: House suffix:	Unit: House number: / 2 House suffix:
House name:	House name:
Address 1:	Address 1: KRUING CLOSR
Address 2:	Address 2:
Address 3:	Address 3:
Town:	Town: Hat T
County:	County:
Country:	Country:
Postcode:	Postcode: N2256RU

J. ITEES LUC	ation	- 1	4. 11005	Ownersinh	
4. Otherwise, pl	If at the address shown in Question lease provide the full address/locat is) stand (including full postcode w	tion of the site	If 'No' pleas	cant the owner of the tree(s): se provide the address of the nown and if different from the	Yes No trees location)
Unit:	House	House	Title:	MR First name:	Puccip
	number:	suffix:	Last name:	NIXON	
House name:			Company (optional):		
Address 1:			Unit:	House number:	House suffix:
Address 2:			House	CROSSFIRED 1	annuouse.
Address 3:			Address 1:	TUR STARRE	
Town:			Address 2:	7,000	
County:		-	Address 3:		
Postcode (if known):			Town:	Liver	
If the location is	unclear or there is not a full posta	l address, either	County:	MIND RINGHAM	*
	rly as possible where it is (for exam High Street' or 'Woodland adjoinin				
	nance Survey grid reference:	ig Emiritado / Or	Country:		
Description:			Postcode: NR 210PS-		
			Telephone Country co		Extension number:
			Country co	de: National number:	number.
			Country co	de: Mobile number (option	all.
			Country co	de. Mobile Hamber (aptions	20).
			Countries	do: E	
			Country co	de: Fax number (optional):	
			Email addre	ess (optional):	to the state of th
5. What Are	You Applying For?		6. Tree P	reservation Order Deta	ils
				which TPO protects the tree(s), enter its title or numbe
Are you seeking subject to a TP	g consent for works to tree(s)	Yes No	below.		
subject to a re-	O?				
Are you wishing in a conservation	g to carry out works to tree(s) on area?	Yes No			
7 Identificat	tion Of Tree(s) And Descrip	dian Of Warks			
	tion Of Tree(s) And Descrip the tree(s) and provide a full and c		the works you	u want to carry out. Continue	on a senarate sheet if
The second secon	might find it useful to contact an a	The state of the s		and the second s	The Court of the C
	TPO, please number them as show	m in the First Sched	ule to the TPC	where this is available. Use the	ne same numbers on
	n (see guidance notes). the following information below :	tree species (and th	e number use	d on the sketch plan) and des	cription of works. Where
	ted by a TPO you must also provid				
	ement trees (including quantity, sp				
E.g. Uak (13) - 19	Il because of excessive shading and	iow amenity value. H	epiant with 1 s	standard ash in the same place.	
TO R	ROUCR ROADS	DR HEX	CR 70	4 FT LRA.	ana
FRATT	LAZ TARRO	se acces	DED.		
Pina	ISR SRR MA	P'			
1 0101	- TOTAL PILM	•			

SAL ATTACHES MAP		
Trees - Additional Information		
dditional information may be attached to electronic communications or provided sep	parately in paper	format.
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With respect to the Author (a) a member of staff		Do any of these statemen	nts apply to you?
(b) an elected member	(d) related to an elected member	Yes	No
If Yes, please provide deta	ils of the name, relationship and role		
10. Application For T	ree Works - Checklist		
make sure that this form ha	cation form and additional information (Questions) been completed correctly and that all relevant information may result in your application being a valid form.	nt information is submitted. Pleas	se note that failure to
Sketch Plan			
A sketch plan show	wing the location of all trees (see Question 8)		
For all trees (see Question 7) • Clear identification	n of the trees concerned		14.
	ecification of the works to be carried out		
For works to trees protect (see Question 7)	ted by a TPO		7
Have you:			
 stated reasons for 	the proposed works?		
if your reason	e in support of the stated reasons? in particular ns relate to the condition of the tree(s) - written		
appropria if you are alle	ite expert ging subsidence damage - a report by an appr	opriate engineer or surveyor	
	rom an arboriculturist. other structural damage - written technical evic	donno	
		derice	
included all other	information listed in Question 8?		Ц
information. I/we confirm the genuine opinions of the per Signed - Applicant: Date (DD/MM/YYYY):	ing permission/consent as described in this for lat, to the best of my/our knowledge, any facts	stated are true and accurate and	drawings and additional any opinions given are the
12. Applicant Contact	Details 13.	Agent Contact Details	
Telephone numbers	Tel	ephone numbers	
Country code: National n	umber: Extension number: Co	untry code: National number:	Extension number:
Country code: Mobile nu	mber (optional):	untry code: Mobile number (op	otional):
Country code: Fax number	er (optional):	untry code: Fax number (optio	nal):
		- Maddan (- 1) - 1	
Email address (optional):	Em	eil address (optional):	

Electronic communication - If you submit this form by fax or e-mail the LPA may communicate with you in the same manner.