

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 nformation 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. An ubsequent 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.

Jpon 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 ommercial requirements relating to information security and data protection of the information you have provided.

.ocal Planning Authority details:



Planning Applications Group

First Floor, Invicta House, County Hall Maidstone, Kent, ME14 1XX

Tel: 03000 411200

Email: planning.applications@kent.gov.uk

Publication of applications on planning authority websites nformation provided on this form and in supporting documents may be published on the authority's planning register and

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

pplication.			
1. Applica	ant Name and Address		
Title:	MR First name: SIDNEY		
Last name:	DENHAM		
Company (optional):	ST NICHOLAS HOSPITAL		
Unit:	House number: House suffix:		
House name:	1 HZ CHANTRY		
Address 1:	CHURCH HILL		
Address 2:	HABBLE DOWN		
Address 3:			
Town:	CANTERBURY		
County:	THE REPORT OF THE THE		
Country:			
Postcode [,]	CT2 9AD		

text as incorre	ect completion will delay the pr	ocessing of your
2. Agent Na	ame and Address	19
Title:	First name:	tur i mai fories
Last name:		
Company (optional):		or it established
Unit:	House number:	House suffix:
House name:	Barrier J. Danger	
Address 1:		Tright and Medical
Address 2:		
Address 3:		La esta e galla
Town:		
County:		2.7
Country:		
Postcode:		