

I. Applicant Name and Address

Monmouthshire County Council PO Box 106, Caldicot, **NP26 9AN** Cyngor Sir Fynwy

Blwch SP 106, Cily-Coed, NP26 9AN

2. Agent Name and Address

Tel/Fion 01633 644880

E-Mall/Ebost: planning@monmouthshire.gov.uk Web/Gwefan: www.monmouthshire.gov.uk

First name: RHUS

Application for tree works: works to trees subject to a preservation order (TPO) and/or notification of proposed works to trees in conservation areas (CA).

## Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.co.uk/wales\_en/applications Mae'r ffurflen hon ar gael yn Gymraeg hefyd

ublication of applications on planning authority websites

ease note that the information provided on this application form and in supporting documents may be published on the uthority's website. If you require any further clarification, please contact the Authority's planning department.

ease complete using block capitals and black ink. is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Title:	MR First name: RHYS	Title: First name: KH93
Last name:	ASSRIDGE	Last name: ASBRIOGE
Company (optional):	TREET OUTDOOK SERVICES.	Company (optional):
Unit:	House number: 7 House suffix:	Unit: House number: 7 House suffix:
House name:		House name:
Address 1:	THE CRESCENT	Address 1: THE CRESCENT
Address 2:	KROW ASH	Address 2: CROW ASH REA
/Address 3:	Berry HILL	Address 3: BERRY HILL
Town:	COLEFORD	TOWN: COLEFORD
County:	GLOUCESTERSHIRE	county: GLOUGESTERSHIRE
Country:	ENGLAND	Country: ENGUAND
	GLIB FRF	Postcode: GLIB 7RF

3. Heest	Location		14. Irees	Ownership		
	location of the site where t e where available)	he tree(s) stand (including	If 'No' pleas	cant the owner of the tree e provide the address of the nown and if different from	ne	□ No
Unit:	House number:	House suffix:	Title:	(MISS First name:	The second secon	
House name:	KINGCOED HO	owe	Last name:	10 501 0000		
Address 1:	KINGCOED		Company	170 1310		
Address 2:	(ASK		(optional): Unit:	House number:	Hous	
Address 3:			House	KINGCOED		
Town:	USK		name: Address 1:	KINGCOED	Flocust	
County:	MONMOUTHSHI	IPE	Address 2:	Cirocicco.		
Postcode (if known):	NP151DS		Address 3:			
where it is (f 'Woodland a	ot a full postal address, descr for example, 'Land to the rea adjoining Main Road') or pro	ar of 12 to 18 High Street' or	Town:	WK	HIRE	
Easting:			Country:	WALES		
Northing:			Postcode:	NP15 105		
Description	THIC ATTACHED		Telephone	numbers		Extension
13-17	lear the Tane-	na. Swar, erms				
5. What /	Are You Applying For?			reservation Order D	etails	
	hing to carry out works to tr vation Area (CA)?	ee(s) Yes No	Tree Preser	w the title of the vation Order (TPO)? se provide the title of the T	Yes	No
	king consent for works to tr a Tree Preservation Order (TI					
Before answ	vering these questions you	Description Of Works		on to clarify what needs to	be done.	
- The propo	ride a full and clear descripti sed works affected including species a					
		25% overall rea				lane.
T4-T	5- next to e	ach other - A	ee map	- field map	le-	
raise	canopy-as	growing over	lawn-	asseen in p	res Con	

Trees protected by TPO should be numbered according to the First Schedule of the Tree Preservation Order. For example - T3 oak; two beech and one birch in G2.

This section only needs to be completed if you are seeking consent for proposed works to	trees under a T	ree Preservation Ord	er (TPO)
Please state the reasons for carrying out the proposed works on the tree(s):			
T3- Hangs over lane - potentially obst 25% reduction requested T4, T5 > Raise canopy - removal sympthings to increase space below to walk			0/7
limbs to increase space below to walk owner states: BRANCHES EXTEND ACRO LAWN - CIRASS NOT CHOWING, UNDERN ROOMS IN HOUSE DARK.	SS WHO	LE WINT	1 DF
Please indicate whether the reasons for carrying out the proposed works include any of th accompanied by the documents specified.	e following. If s	so, your application n	nust be
Health or safety of the tree(s) - e.g. it is diseased, fears that it might break or fall:	Yes	TVN0	
If Yes, information required - report by a tree professional (e.g. arboriculturist, horticultura adviser).	al		
Alleged subsidence damage:	Yes	No	
If Yes, Information required: Full report by an engineer or surveyor, together with one description of property damage; sub-soil type and shrinkage potential; location of any ground and building movement through a distortion survey and/or level or crack monit the vicinity and its management since discovery of the damage.	roots found an	d their identification	; history of
9. Trees - Additional Information			
Are you providing additional information in support of your application?	Yes	□ No	
If Yes, please provide the reference numbers of plans, documents, professional reports et	c in support of y	your application:	
MAP + PHOTOS OF TREES INCLUDED			

6. ITEES - REASONS FOR WORKS

For works to tree	hecklist to ensure that the form has been es protected by a Tree Preservation Ord g rejected or delay in dealing with it. In	er, failure to su	pply sufficiently p	precise and detailed information ma	
The original and	3 copies of a completed and dated app	lication form.			
The original and	3 copies of a sketch plan showing the I	ocation of all t	ree(s).		
The original and	3 copies of a full and clear specification	of the works	to be carried out.		
The original and	3 copies of a statement of reasons for t	he proposed v	vork.		
The original horticu	oport of statement of reasons. In partic ginal and 3 copies of a report by a tree p Itural adviser) if your reasons relate to the ginal and 3 copies of a report by an eng	rofessional (e. ne health and/	g. arboriculturist or or safety of the tre	ee(s).	
one fro	m a tree professional (arboriculturist) if	you are allegin	g subsidence dan	nage.	
wish to provide	es in conservation areas, it is important the following: 3 copies of a completed and dated for			nformation on your proposal. You m	nay, therefore,
The original and	3 copies of a sketch plan showing the p	recise locatio	n of all tree(s).		
The original and	3 copies of a full and clear specification	of the works	to be carried out.		
	es are protected by a TPO or in a conser nal information you are submitting (the				
The second second	e professional (arboriculturist) or other.	П			
- I The second second second second	ssistance or advice sought from a Local		nority officer prior	to submitting this form.	
confirm that, to persons giving t Saned - Applic		ted are true ar	Or signed - Agen		pinions of the
		Extension number:	13. Agent Co Telephone num Country code:	bers National number:	Extension number:
Country code:	Mobile number (ontional):		Country code:	Mobile number (optional):	
C			Country code:	Fax number (optional):	
E .			Email address (d	optional):	

to. Application for thee morks - offereign