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Tree Works Application Form.pdf 1 of 4



Courts Hall Beyoder Fact Oding of Yorkshire 141717 9BA

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.

Title:	MR First name GEORGE
Last name.	REID
Company (optional)	
Unit	House House suffix:
House name:	FAGUS
Address 1	BEECH HILL ROAD
Address 2	SWANLAND
Address 3:	
Town:	NORTH FERRIBY
County:	EAST YORKSHIRE
Country	4. K.
Postcode	HU1430Y

2. Agent l	Name and Address
Title	MR First name: ANDY
Last name.	DAKIN
Company (optional)	WOLD TREES LTD.
Unit	House House number suffix:
House name.	KEEPERS LONGE
Address 1	WALLDBY ROAD
Address 2	WELTON
Address 3.	Brougu
Town:	
County	EAST YORKSHIRE.
Country	
Postcode	MUISIOR

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	ation		4. Trees Owr	ici sinp	1
Otherwise, ple	at the address sho ease provide the fu	wn in Question 1, go to Quill address/location of the s	ite If 'No' please pro	the owner of the tree(s) wide the address of the and if different from the tr	Yes No
vhere the tree(s) stand (including l	full postcode where availat	ne)		
Unit	House	House	Title:	First name:	
House	number.	suffix:	Last name:		
name:			(optional):		
Address 1:			Unit	House number	House suffix:
Address 2:			House	110111001	
Address 3:			name: Address 1:		
Town:					
			Address 2		
County:			Address 3		
Postcode (if known)			Town:		
		not a full postal address, e			4
		ere it is (for example, "Land odland adjoining Elm Roat	to the		
	nance Survey grid				
Description:			Postcode:		
			Country code:	Pax number (optional)	
5 What Are	You Applying	For?	Country code:		ils
5. What Are	You Applying	For?	Country code: fmail address 6. Tree Pres	(ontional)	
	You Applying		6. Tree Presit you know who below.	ontional) servation Order Detai	
	ig consent for work		Country code: Email address I 6. Tree Pres If you know wh below.	servation Order Detai	i), enter its title or numb
Are you seekin subject to a Ti	ng consent for work PO? ng to carry out wor	s to tree(s) Yes	Country code: Email address I 6. Tree Pres If you know wh below.	ontional) servation Order Detai	i), enter its title or numb
Are you seekin subject to a Ti Are you wishin in a conservati 7. Identifica Please identify necessary. You protected by a your sketch pl Please provide trees are prote planting repla E.g. Oak (T3) - f	ag consent for work po? ag to carry out work on area? ation Of Tree(s) the tree(s) and pro- or might find it usef a TPO, please number an (see guidance in the following info- cetted by a TPO you cement trees (inch fell because of excess	ks to tree(s) Yes ks to tree(s) Yes And Description Of ovide a full and clear speciful to contact an arborist (true them as shown in the Figure 1).	Country code: Final address	servation Order Detail ich TPO protects the tree(s 5384648 ant to carry out. Continue defining appropriate work, here this is available. Use to the sketch plan) and des rees are being felled, pleas for not wanting to replant, indard ash in the same place.	on a separate sheet if Where trees are he same numbers on scription of works. Where e give your proposals for

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JEE	ATTACUED	MAP.				
						4
						=
3. Trees - Addition	nal Information					
Additional information	in may be attached to e	electronic communications o	r provided separate	ly in paper f	ormat.	
by a TPO. A sketch pla	n is also advised when n	rees listed in Question 7 must l otifying the LPA of works to tr of any advice given on site by	ees in a conservation.	olying for wo area (see guid	rks to trees covered dance notes).	i
For works to trees co Please indicate whethe must be accompanied	er the reasons for carryin	ng out the proposed works inc nce to support your proposals.	ude any of the follow (See guidance notes	ing If so, you for further de	ur application etails)	
If YES, you	e tree(s) - e g, it is disea are required to provide information from an ap	ised or you have fears that it m written arboncultural advice o propriate expert	ight break or fall: r other	☐ Yes	□ No	
	ge to property - e.g. sub are required to provide	sidence or damage to drains of for:	r drives.	Yes	□ No	
Subsid A repo and re	rt by an engineer or surv	veyor, to include a description eport from an arboriculturist to	of damage, vegetatio support the tree wor	n, monitorin k proposals.	g data, soil, roots	
	tructural damage (e.g. d	irains, walls and hard surfaces) m an appropriate expert, inclu	ding description of da	amage and p	ossible solutions	
Others Writte	i technica evidence no					
Writte	s (for any tree)	en additional schedule of work	for Question 7)?	⊤ Yes	□ No	
Writte Documents and plan Are you providing sep	s (for any tree) arate information (e.g. a the reference numbers o	in additional schedule of work of plans, documents, professio s form, please detail how they	nal reports, photograp			ation.
Writte Documents and plan Are you providing sep	s (for any tree) arate information (e.g. a the reference numbers o	of plans, documents, professio	nal reports, photograp			ation.
Writte Documents and plan Are you providing sep	s (for any tree) arate information (e.g. a the reference numbers o	of plans, documents, professio	nal reports, photograp			ation.

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9. Authority Employee / Member	
With respect to the Authority, I am.	Do any of these statements apply to you?
(a) a member of staff (c) related to a member of staff (b) an elected member (d) related to an elected member	Yes VNo
	163
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 (Quinake sure that this form has been completed correctly and that all resupply precise and detailed information may result in your application but it may help you to submit a valid form	elevant information is submitted. Please note that failure to
Sketch Plan	/
 A sketch plan showing the location of all trees (see Question 	18)
For all trees (see Question 7)	
Clear identification of the trees concerned	
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 of your reasons relate to the condition of the tree(s) - water appropriate expert if you are alleging subsidence damage - a report by an and one from an arboriculturist in respect of other structural damage - written technic included all other information listed in Question 8? 	appropriate engineer or surveyor
 Declaration - Trees I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. 	nis form and the accompanying plans/drawings and additional facts stated are true a grant opinions given are the Or signed - Agent
Date (This date must not be before the date	
15/09/23 of sending or hand-delivery of the form)	*
	Co Asset Control Dataile
12. Applicant Contact Details	13. Agent Contact Details
Telephone numbers Extension	Telephone numbers Extension
Country code National number number	Country code: National number: number.
Country code: Mobile number (optional):	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	ne LPA may communicate with you in the same manner.

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