

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.

1. Applicant Name and Address	2. Agent Name and Address
Title: First name: JOHN	Title: MR First name: STEVE
Last name: ELEY	Last name: WALKER
Company (optional):	Company (optional): THE TREE WALKER ARBORIST LTD
Unit: House number: 32 House suffix:	Unit: House 1 House suffix:
House name: HIGHWOOD	House name: THE OLD GROCERY
Address 1:	Address 1: RIVERHEAD
Address 2:	Address 2:
Address 3:	Address 3:
Town: DRIFFIELD	Town: DRIFFIELD
County: EAST RIDING OF YORKSHIRE	County:
Country:	Country:
Postcode: YO255YX	Postcode: YO256NX

3. Trees Location	4. Trees Ownership	
If all trees stand at the address shown in Question 1, go to Question 4. Otherwise, please provide the full address/location of the site where the tree(s) stand (including full postcode where available)	Is the applicant the owner of the tree(s): Yes No If 'No' please provide the address of the owner (if known and if different from the trees location)	
Unit: House House suffix:	Title: First name:	
House name: Address 1: .	Last name: . Company (optional): Unit: House House	
Address 2:	House	
Address 3:	Address 1:	
Town:	Address 2:	
County:	Address 3:	
Postcode (if known):	Town: .	
If the location is unclear or there is not a full postal address, either describe as clearly as possible where it is (for example, 'Land to the rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference: Description: WHAT3WORDS LOCATION OF TREES https://	County: Country: Postcode: Telephone numbers Country code: National number: Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	
5. What Are You Applying For?	6. Tree Preservation Order Details If you know which TPO protects the tree(s), enter its title or number below.	
Are you seeking consent for works to tree(s) Ves No subject to a TPO?	FORMER NORTHFIELD HOSPITAL SITE. LONG LANE.	
Are you wishing to carry out works to tree(s) Yes Xo	DRIFFIELD. FILE REF:366. NO ON PLAN: A3.	
7. Identification Of Tree(s) And Description Of Works		

Please identify the tree(s) and provide a full and clear specification of the works you want to carry out. Continue on a separate sheet if necessary. You might find it useful to contact an arborist (tree surgeon) for help with defining appropriate work. Where trees are protected by a TPO, please number them as shown in the First Schedule to the TPO where this is available. Use the same numbers on your sketch plan (see guidance notes).

Please provide the following information below : tree species (and the number used on the sketch plan) and description of works. Where trees are protected by a TPO you must also provide reasons for the work and, where trees are being felled, please give your proposals for planting replacement trees (including quantity, species, position and size) or reasons for not wanting to replant. E.g. Oak (T3) - fell because of excessive shading and low amenity value. Replant with 1 standard ash in the same place.

THE APPLICANT REQUESTS CONSENT TO REMOVE X1 MATURE BEECH TREE IN THEIR REAR GARDEN. THEY HAVE X2 SEVERELY AUTISTIC, (NON VERBAL) ADULT CHILDREN AND WISH TO INCREASE THE AREA IN THE CENTRE OF THE GARDEN AVAILABLE TO THEM FOR RECREATION AND OUTDOOR EXERCISE. THE TREE IN QUESTION HAS X2 LARGE INCLUDED UNIONS WITHIN THE FIRST 5M, THESE HAVE NOT BEEN DRILLED/TESTED WITH A RESISTOGRAPH OR SCANNED WITH SONIC TOMOGRAM, AS ANY RISK POSED, COULD BE MITIGATED WITH BRACING. HOWEVER, THE APPLICANT WOULD LIKE TO REMOVE THIS PARTICULAR TREE WHICH IS LOCATED IN THE CENTRE OF THE REAR GARDEN.

7. Identification Of Tree(s) And Description Of Works continued		
SEE APPENDIX A.		
TREE WORKS WILL BE UNDERTAKEN BY THE TREE WALKER ARBORIST LTD.		
8. Trees - Additional Information		
Additional information may be attached to electronic communications or provided separa	tely in paper f	format.
For all trees A sketch plan clearly showing the position of trees listed in Question 7 must be provided when a by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservatio It would also be helpful if you provided details of any advice given on site by an LPA officer.		
For works to trees covered by a TPO Please indicate whether the reasons for carrying out the proposed works include any of the follow must be accompanied by the necessary evidence to support your proposals. (See guidance note		
 Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall: If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert. 	Yes	X No
 Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for: 	Yes	X No
Subsidence A report by an engineer or surveyor, to include a description of damage, vegetat and repair proposals. Also a report from an arboriculturist to support the tree wo	-	g data, soil, roots
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of o	damage and po	ossible solutions.
Documents and plans (for any tree) Are you providing separate information (e.g. an additional schedule of work for Question 7)?	× Yes	No
If YES, please provide the reference numbers of plans, documents, professional reports, photographic field are being provided separately from this form, please detail how they are being submitted		pport of your application.
SEE APPENDIX A		

9. Authority Employe	ee / Member		
With respect to the Authorit	y, I am:		
(a) a member of staff	(c) related to a member of staff	Do any of these st	atements apply to you?
(b) an elected member	(d) related to an elected member	Yes	× No
If Yes, please provide detai	Is of the name, relationship and role		
10. Application For Tr	ee Works - Checklist		
make sure that this form ha	ation form and additional information (Quest s been completed correctly and that all relev information may result in your application b nit a valid form.	ant information is submitted	d. Please note that failure to

 A sketch plan showing the location of all trees (see Question 8) 	\times
For all trees (see Question 7)	
Clear identification of the trees concerned	\times
 A full and clear specification of the works to be carried out 	\times
For works to trees protected by a TPO (see Question 7)	
Have you:	
 stated reasons for the proposed works? 	\times
 provided evidence in support of the stated reasons? in particular: if your reasons relate to the condition of the tree(s) - written evidence from an appropriate expert 	
 if you are alleging subsidence damage - a report by an appropriate engineer or surveyor and one from an arboriculturist. 	
 in respect of other structural damage - written technical evidence 	
 included all other information listed in Question 8? 	\times

11. Declaration - Trees

Sketch Plan

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): S. WALKER. 06/12/20: (This date must not be before the date of sending or hand-delivery of the form)			
12. Applicant Contact Details Telephone numbers Extension Country code: National number: number: Country code: Mobile number (optional): Image: Country code: Country code: Fax number (optional): Image: Country code: Country code: Fax number (optional): Image: Country code: Email address (optional): Image: Country code: Image: Country code:	13. Agent Contact Details Telephone numbers Country code: National number: 01377 249666 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 LPA may communicate with you in the same manner. (Please see guidance notes)