					Application Reference Number:			018/3567/2023			
Reset Form	Bas	ic Detail	ls Form	• •		gement Ref:		010/00	3772023		
Property name:		Colesbourne Park			Woodland Officer:			Robert Barnes			
Woodland name/cpt:				=		Date of site visit: 06/12/2023					
Notes - Remarks for file only (record on Felling Licence Online on Internal Review tab under Site Investigations): 651											
notify: Cotswolds AONB @ mark.co	•			ornar reorie	T tab ando	- Cito iii voo	uguarono).			001	
notify: county archaeologist @ anna.morris@gloucestershire.gov.uk Cpt 24 concerns the felling of dangerous horse chestnuts along the road, noted several stem failures and fallen branches. Individual trees will be planted in											
place of each felled. slight overlap on cpt 29 with 018-2971-2020 but due to minor mapping error, no issue. Cpt 27 & 28 already covered by thinning licence 018-3008-2021 (for most of the area) - this has been queried with the agent. Agent confirmed that WO to											
Notes - Remarks for licence (record on Felling Licence Online on Internal Review tab under Advisory Details):											
Land Information Search checke	id?	Yes	Yes/No	Are prop	osals UKFS	compliant?	· [Yes	Yes/No		
TPO or Conservation Area decla	red?		Yes/No	Is the app	plication val	lid?	Ţ	Yes	Yes/No		
Consultation											
Enter on consultation public register (PR)?	Yes Yes/No Declaration form required? Date consultation public register completes:										
Enter on decision public register (PR)? Note: the following minimum information is required for the PR: property name, GR, nearest Town, Local Authority, BL/CON, hectares of felling											
Who must be consulted? (insert ro	ired)	Date contacted		l ·			ent required Amendment //N complete Y/N				
mark.connelly@cotswoldsaonb.org.uk anna.morris@gloucestershire.gov.uk											
dillidi	ait.										
							5 "				
Deforestation Ref: Open Habitat Policy											
EIA threshold exceeded? EIA Tracker completed?]Yes/No]Yes/No			EIA check	klist done?		Yes/No		
Habitat Restoration and/or PAWS CSV files are NOT required.											
Recommendation for the application											
Duration of licence:	The liceno	ce should b	e:				_			_	
5	Indicate FLA type: Unconditional: Conditional: X									<u>l</u>	
		In	ndicate other option								
		Deer	med approval option	on: **	** Have the conditions changed from the original application? Yes - AO to send conditions letter prior to issuing a licence						
DW4.4					763 - AO 10	r seria coriali	ions letter pr	nor to issuit	ng a nicerice	7	
PW14			N.	Yes/No			Date				
Conditions discussed with applicant? No											
WO confirmation that PW14 is complete? No Yes/No Date If yes, WO to upload this form into the working folder and notify AO the PW14 is ready to be processed.											
If yes, WO to upload this form in Public Register Totals	to the work	king folder	and notify AO the	PW14 is read	ly to be pro	cessed.					
Broadleaf - Ha 2.79											
Conifer - Ha 0.00	<i>i</i> 1										
Connei - Ha	1										

^{**} DO NOT USE AT THIS TIME