

West Offices Station Rise York YO1 6GA

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:	MR First name: PETER	Title: MR First name: JOHN		
Last name:	SKELTON	Last name: BURROW		
Company (optional):		Company (optional):		
Unit:	House number: 3 House suffix:	Unit: House number: 74 House suffix:		
House name:		House name: CORNER COTTAGE		
Address 1:	CHILTERN WAY	Address 1: 74 THE OLD VILLAGE		
Address 2:	HUNTINGTON	Address 2: HUNTINGTON		
Address 3:		Address 3:		
Town:	YORK	Town: YORK		
County:	NORTH YORKSHIRE	County: NORTH YORKSHIRE		
Country:	ENGLAND	Country: ENGLAND		
Postcode:	YO32 9RS	Postcode: YO32 9RB		

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): X Yes No If 'No' please provide the address of the owner (if known and if different from the trees location)
	Title: First name:
Unit: House House suffix:	Last name:
House name:	Company (optional):
Address 1:	Unit: House House suffix:
Address 2:	House name:
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	County:
rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference:	Country:
Description:	Postcode:
	Telephone numbers Extension
	Country code: National number: 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
Are you seeking consent for works to tree(s) X Yes No subject to a TPO?	below. CYC169-T1
Are you wishing to carry out works to tree(s) Yes No	
7. Identification Of Tree(s) And Description Of Works	
Please identify the tree(s) and provide a full and clear specification on necessary. You might find it useful to contact an arborist (tree surge protected by a TPO, please number them as shown in the First Scheo your sketch plan (see guidance notes).	on) for help with defining appropriate work. Where trees are

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.*

T1 - ATLANTIC CEDAR (Cedrus libani subsp atlantica glauca). REDUCE LATERAL BRANCHES BY APPROXIMATELY 1M TO CLEAR BACK FROM PROPERTY AND OVER DRIVEWAY (SOUTH SIDE OF CROWN). AND REDUCE MORE DOMINANT LATERAL BRANCHES AROUND CROWN BY UP TO 1.5M TO BALANCE SHAPE. 7. Identification Of Tree(s) And Description Of Works continued ...

8. Trees - Additional Information

Additional information may be attached to electronic communications or provided separately in paper format.

For all trees

A sketch plan clearly showing the position of trees listed in Question 7 must be provided when applying for works to trees covered by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation area (see guidance notes). 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 following. If so, your application must be accompanied by the necessary evidence to support your proposals. (See guidance notes for further details)

1.	Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall:	☐ Yes	X No
	If YES, you are required to provide written arboricultural advice or other	,	
	diagnostic information from an appropriate expert.		

2. Alleged damage to property - e.g. subsidence or damage to drains or drives.

If YES, you are required to provide for:

Subsidence

A report by an engineer or surveyor, to include a description of damage, vegetation, monitoring data, soil, roots and repair proposals. Also a report from an arboriculturist to support the tree work proposals.

Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of damage and possible solutions.

Documents and plans (for any tree)

Are you providing separate information (e.g. an additional schedule of work for Question 7)?	X	Ν	10
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If YES, please provide the reference numbers of plans, documents, professional reports, photographs etc in support of your application. If they are being provided separately from this form, please detail how they are being submitted.

Yes

X No

9. Authority Employ	ee / Member		
With respect to the Author			
(a) a member of staff	(c) related to a member of staff	Do any of these statemen	ts apply to you?
(b) an elected member	(d) related to an elected member	Yes	X No
If Yes, please provide deta	ils of the name, relationship and role		
10. Application For T	ree Works - Checklist		
make sure that this form ha	cation form and additional information (Ques as been completed correctly and that all relev d information may result in your application b mit a valid form.	vant information is submitted. Please	e note that failure to
Sketch Plan			
 A sketch plan show 	wing the location of all trees (see Question 8)		X
For all trees (see Question 7)			
 Clear identificatio 	n of the trees concerned		X
• A full and clear sp	ecification of the works to be carried out		X
For works to trees protect (see Question 7)	ted by a TPO		
Have you:			
 stated reasons for 	r the proposed works?		X
• if your reason	e in support of the stated reasons? in particul ns relate to the condition of the tree(s) - writte ate expert		
 if you are alle 	eging subsidence damage - a report by an ap from an arboriculturist.	propriate engineer or surveyor	
 in respect of 	other structural damage - written technical e	vidence	
 included all other 	information listed in Question 8?		

11. Declaration - Trees

I/we hereby apply for planning permission/consent a information. I/we confirm that, to the best of my/our genuine opinions of the person(s) giving them.			
Signed - Applicant:		Or signed - Agent:	
Date (DD/MM/YYYY): 20.02.2024 (This date must not be before the date of sending or hand-delivery of the form)			
12. Applicant Contact Details		13. Agent Contact Details	
Telephone numbers Country code: National number:	Extension number:	Telephone numbers Country code: National number:	Extension number:

Country code: Mobile number (optional):	Country code: Mobile number (optional):			
Country code: Fax number (optional): Email address (optional):	Country code: Fax number (optional): Email address (optional):			
	Johnburrowarb@gmail.com			
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)				