

PL/14/14/16

2 3 753 291/

FOR THE ATTENTION OF

For office use only Application No.

Date received

Fee paid £

Receipt No:

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.

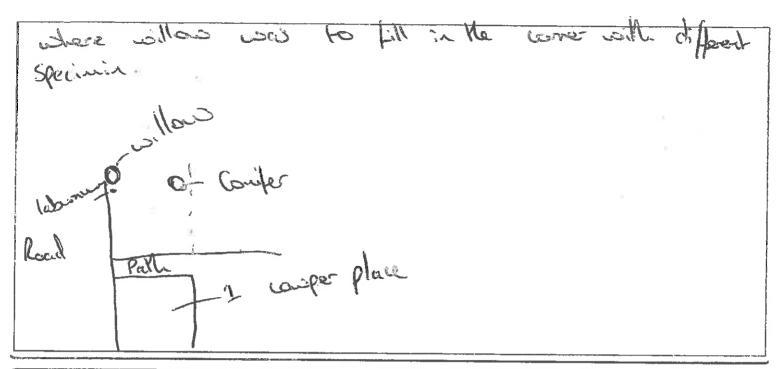
You must use this form if you are applying for work to trees protected by a tree preservation order (TPO). (You may also use it to give notice of works to trees in a conservation area).

t 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: Lava -	Title: First name: CHRIS			
Last name:		Last name: Swinscoe			
Company (optional):		Company (optional): Cors There Services.			
Unit:	House 1 House suffix:	Unit: House 1 House suffix:			
House name:		House name:			
Address 1:	Couper Place	Address 1: Lane Botton			
Address 2:		Address 2:			
Address 3:	·	Address 3:			
Town:	auley.	Town: Baroldswick			
County:		County: Lanci			
Country:		Country:			
Postcode: 8	B74LE	Postcode: BBIS SHG			

3. Trees Loc	cation	[4. Trees Ownership			
4. Otherwise, pl	d at the address shown in Question 1, go to Question lease provide the full address/location of the site (s) stand (including full postcode where available)	Is the applicant the owner of the tree(s): If 'No' please provide the address of the owner (if known and if different from the trees location)			
	House House	Title: First name:			
Unit:	number: 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:	And a second sec	Address 3:			
Postcode (if known):	The state of the s	Town:			
T Manual Control	s unclear or there is not a full postal address, either	County:			
	arly as possible where it is (for example, 'Land to the High Street' or 'Woodland adjoining Elm Road') or	Country:			
	inance Survey grid reference:	Postcode:			
Description:		Telephone numbers Extension			
		Country code: National number: number:			
		orac utropil.			
		Country code: Mobile number (optional):			
		Country code: Fax number (optional):			
		Country Code. Fax Maniber (Optional).			
		Email address (optional):			
E What Are	You Applying For?	6. Tree Preservation Order Details			
5. Wildt Are	i Tou Applying For:	If you know which TPO protects the tree(s), enter its title or numbe			
Are you seekin subject to a TF	ng consent for works to tree(s) Yes No	below.			
Are you wishin	ng to carry out works to tree(s)	*			
in a conservati					
7 Identifica	ation Of Tree(s) And Description Of Works				
		of the works you want to carry out. Continue on a separate sheet if			
		on) for help with defining appropriate work. Where trees are dule to the TPO where this is available. Use the same numbers on			
your sketch pla	an (see guidance notes).				
		he number used on the sketch plan) and description of works. Where work and, where trees are being felled, please give your proposals for			
planting replac	cement trees (including quantity, species, position an	d size) or reasons for not wanting to replant.			
E.g. Oak (T3) - fe	ell because of excessive shading and low amenity value.	Replant with 1 standard ash in the same place.			
Remove	al of willow + Com	ifer from bout garden.			
Both h	on big for garden. S.	nol laboroun under le			
willow	s will hoodully benefit	- from the siles being renoved			
+ man	establish better. Cu	stoner may also replant			

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)

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 No

Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for: Yes No

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)?

Yes I No

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.

9. Authority Employ					1	
With respect to the Author (a) a member of staff (b) an elected member	rity, I am: (c) related to a member of (d) related to an elected m		Do any of these statements apply to you? Yes No			
If Yes, please provide deta	ills of the name, relationship a	nd role				
to be limited for 1	ree Works - Checklist			The second secon		
Only one copy of the appl make sure that this form h supply precise and details but it may help you to sub	ication form and additional inf has been completed correctly a ed information may result in yo	nd that all rele	vant information is:	supmined, Piease n	this trial formis to	I .
Sketch Plan	the the territor of all troops	ens Ounction 9)			
For all trees (see Question 7) • Clear identification	owing the location of all trees on of the trees concerned pecification of the works to be		y			
For works to trees prote (see Question 7)	cted by a TPO					,
Have you:					and the same of th	33
 stated reasons for 	or the proposed works?				B	
 if your reas approp if you are a and one in respect of 	ice in support of the stated rea ons relate to the condition of t riate expert Ileging subsidence damage - a e from an arboriculturist. of other structural damage - wo er information listed in Questic	he tree(s) - writ report by an a litten technicul	ten evidence from ppropriate enginee			
11. Declaration - Tre	ees	at the alles	form and the page	manuina olono/de	swings and additi	ional
I/we hereby apply for plat information. I/we confirm genuine opinions of the p Signed - Applicant:	nning permission/consent as d that, to the best of my/our kn person(s) giving them.	owiedge, any n	or signed - Agent:	and accurate and ar	ny opinions given	are the
			Cyre	(A) of the production of the contract of the c		man was to the second s
Date (DD/MM/YYYY): 22 08 2017	(This date must not be befo of sending or hand-delivery	re the date of the form)	- manuscopy - word in Car Serobaccoc			
12. Applicant Conta	act Details		13. Agent Con	tact Details		
Telephone numbers		Cutanoina	Telephone number	ers		Extensio
Country code: National	al number:	Extension number:	Country code: 1	Vational number:		number:
Country code: Mobile	number (optional):			Mobile number (opt	ional):	
TOWNS I COME INDING	COMPARED To Selections		07545	863516		
Country code: Fax nui	mber (optional):		L	ax number (option	al):	
			Email address (op	tional)·		
Email address (optional)			Construes	ervices a	Yahoo.co	rek

Electronic communication - If you submit this form by fax or e-mail the LPA may communicate with you in the same manner.