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Council Offices, Church Walk, Clitheroe, Lancashire, BB7 2RA Tei: 01200 425111 www.ribblevalley.gov.ul

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 Nam	e and Address	2. Agent Name and Address
Title: Mr	First name: Brian	Title: First name:
Last name: Last	mb	Last name:
Company (optional):		Company (optional):
Unit:	House number: House suffix:	Unit: House number: House suff
House name: Moo	rside	House name:
Address 1: Wh:	nney Lane	Address 1:
Address 2: Lav	gho	Address 2:
Address 3:		Address3:
Town: Blace	kburn	Town:
County:	ncashire	County:
Country:	V	Country:
Postcode: BB6	80Q	Postcode:

320180230

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): If 'No' please provide the address of the owner (if known and if different from the trees location)				
House House	Title: First name:				
number: suffix:	Last name:				
House name:	Company (optional):				
Address 1:	Unit: House House				
Address 2:	House number: suffix:				
Address3:	name: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	County:				
describe as clearly as possible where it is (for example, 'Land to the rear of 12 to 18 High Street' or 'Woodland adjoining Em Poad') or	Country:				
provide an Ordnance Survey grid reference: Description:	Postcode:				
	Telephone numbers Extension				
	Country code: National number: number:				
[]	Country and as Marking work as (and a selection at)				
	Country code: Mobile number (optional):				
	Country code: Fax number (optional):				
1	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) Yes No subject to a TPO?	below.				
Are you wishing to carry out works to tree(s) in a conservation area? Yes No	TPO 1989 NO 2				
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 surgeo protected by a TPO, please number them as shown in the First Sched	on) for help with defining appropriate work. Where trees are				
your sketch plan (see guidance notes).					
Please provide the following information below: tree species (and the trees are protected by a TPO you must also provide reasons for the ways are provided to the second s	ork 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.				
Eg. Oak (T3) - fell because of excessive shading and low amenity value. Peplant with 1 standard ash in the same place.					
Tyrone Turgan The Tree surgeon has advised that 4					
Tyrone Morgan the tree surgeon has advised that 4 trees, 3 beech and one birch (I think) are diseased and need to be felled. All the trees are in area					
and heed in se Letter un	. The Crees are in area				
$ \omega_4 $					

6Freban 2010 07 17 88 6Decision 4070 0

7 Identification Of Traces And Description Of Marks and Invest		
7. Identification Of Tree(s) And Description Of Works continued		
8. Trees- Additional Information		
Additional information may be attached to electronic communications or provided separa	itely 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 conservation	applying for wo	orks to trees covered dance 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 folio must be accompanied by the necessary evidence to support your proposals. (See guidance note	wing. If so, you safor further de	ur application etails)
 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, vegetati and repair proposals. Also a report from an arboriculturist to support the tree wo	ion, monitorinç ork proposals.	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, photografit they are being provided separately from this form, please detail how they are being submitted	aphsetcin sup _l	port of your application.
		7-17-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

9. Authority Employee / Member With respect to the Authority, I am:				
(a) a member of staff (c) related to a member of staff	Do any of these statements apply to you?			
(b) an elected member (d) related to an elected member	☐ Yes ☐ No			
If Yes, please provide details of the name, relationship and role				
in teach production and another my and 10,0				
10. Application For Tree Works- Checklist				
Only one copy of the application form and additional information (Question a make sure that this form has been completed correctly and that all relevant in supply precise and detailed information may result in your application being but it may help you to submit a valid form.	nformation is submitted. Please note that failure to			
Sketch Plan				
 A sketch plan showing the location of all trees (see Question 8) 				
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: if your reasons relate to the condition of the tree(s) - written evidence. 	dence from an			
appropriate expert if you are alleging subsidence damage - a report by an appropri	ate engineer or a mayor —			
and one from an arboriculturist.				
 in respect of other structural damage - written technical evidence 	œ <u> </u>			
included all other information listed in Question 8?	[addition]			
11. Declaration - Trees 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:				
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ore the date y of the form)				
13. Ag	gent Contact Details			
Extension Telepho	one numbers			
	y code: National number: Extension number:			
Country	y code: Mobile number (optional):			
Country	y code: Fax number (optional):			
	(aprilation)			
Fmail a	ddress (optional):			
	Optiona).			
	y communicate with you in the same manner.			
fax or e-mail the LPA may				

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