



For office use only Application No. 3/2022/6539Date received 6/6/22.

Fee paid £TREE Receipt No:

Council Offices, Church Walk, Clitherce, Lancashire, BB7 2RA

Tel: 01200 425111

www.ribblevallev.gov.uk

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. Applic	ant Name	and Address)	2
Title:	MR	First name: Rol	oerl-	Ti
Last name:	Sm	ithson		La
Company (optional):	Ret	ired		(c
Unit:		House number:	House suffix:	U
House name:				H na
Address 1:	Shin	elime	Park	A
Address 2:	Wad	dington	· ·	A
Address 3:	Edd	usford	Rd	A
Town:	War	dalny	Vor_	To
County:	- Ka	ncs		c
Country:	En	Wavel		C
Postcode:	BBY	3LB		Po

2. Agent	Name and Address	
Title:	First name:	
Last name:		
Company (optional):		
Unit:	House number:	House suffix:
House name:		
Address 1:	· · · · · · · · · · · · · · · · ·	
Address 2:	·· — -	
Address 3:		 .
Town:	· ··	
County:		!
Country:	· .—-	- ·
Postcode:		

	-
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)
	Title: MR First name: ASHLEY
Unit: House House number: suffix:	Last name: ROSTROM
House name:	Company SHIREBURNE PARK LTD
Address 1:	Unit: House House number: suffix:
Address 2:	House OFFICE
Address 3:	Address 1: EDISFORD ROAD
Town:	Address 2: WADDINGTON
County:	Address 3:
Postcode (if known):	Town: CLITHEROE
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: LANGS
rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference:	Country:
Description:	Postcode: $B73\overline{B}$
, <u>, , , , , , , , , , , , , , , , , , </u>	Telephone numbers Extension
	Country code: National number: Extension number:
	Country code: Mobile number (optional):
	Country code. Mobile Huttiber (optional).
	Country code: Fax number (optional):
	<u> </u>
	Email address (optional):
1,	
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5. What Are You Applying For?	6. Tree Preservation Order Details
, and the state of	11
	If you know which TPO protects the tree(s), enter its title or number below.
Are you seeking consent for works to tree(s) Yes No Subject to a TPO?	
Are you wishing to carry out works to tree(s) Yes No	
in a conservation area?	
7. Identification Of Tree(s) And Description Of Works	
Please identify the tree(s) and provide a full and clear specification o	
necessary. You might find it useful to contact an arborist (tree surge	on) for help with defining appropriate work. Where trees are
protected by a TPO, please number them as shown in the First Sche	dule to the TPO where this is available. Use the same numbers on
your sketch plan (see guidance notes).	ha manush ann an dean dheachada ab a ba a ba a ba a ba a ba a ba a
	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 replacement trees (including quantity, species, position an	
E.g. Oak (T3) - fell because of excessive shading and low amenity value.	Replant with 1 standard ash in the same place.
Some sort of P	on Cause drouble es and, gusterings.
100	12 am Carried disautha
iney rang over the	L'ON COURE M' COM
blocking drians Din	es and andering.
S. A. L. A.	
consult ross of more	V Jav ms resoland,

are but they seem to can end at allier groth. I do there are note now	owo opec for bor ever	to the	of of any New Y
For all trees A sketch plan clearly showing the position of trees listed in Question 7 must be provided when apply a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation 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 notes	plying for wo area (see gui ing. If so, yo	orks to trees cove idance notes). ur application	ered
 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 and repair proposals. Also a report from an arboriculturist to support the tree works.		g data, soil, roots	i
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of da	mage 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, photograp If they are being provided separately from this form, please detail how they are being submitted.	hs etc in sup	port of your app	licatio

7. Identification Of Tree(s) And Description Of Works continued ...

9. Authority Employ With respect to the Author							
(a) a member of staff (c) related to a member of staff			i	Do any of these statements apply to you?			
(b) an elected member	(d) related to an ele	ected member	l	Yes		☐ No	
If Yes, please provide deta	ails of the name, relation	nship and role					
0. Application For T	ree Works - Checl	dist					
Only one copy of the appli			Duestion 8) is r	equired. Pl	ease use the o	uidance and this	checklist to
make sure that this form he supply precise and detailed out it may help you to sub	as been completed co d information may res	rrectly and that all r	elevant inform	nation is su	bmitted. Please	e note that failur	e to
Sketch Plan							
 A sketch plan sho 	wing the location of al	l trees (see Question	ก 8)				
For all trees (see Question 7)							
 Clear identification 	n of the trees concern	ed					
 A full and clear sp 	ecification of the work	s to be carried out					
For works to trees protective (See Question 7)	ted by a TPO						
Have you:							
 stated reasons for 	the proposed works?						
 provided evidence 	e in support of the stat	ted reasons? in part	icular:				
•	ns relate to the conditi ate expert	on of the tree(s) - w	ritten evidenc	e from an			
 if you are alle 	eging subsidence dam		appropriate e	ngineer or	surveyor		
	from an arboriculturist other structural dama		al evidence			П	
• included all other	information listed in C	Juestion 87				П	
- medded un other							
1. Declaration - Tree	•						· · · · · · · · · · · · · · · · · · ·
		as described in th r knowledge, any	ris form and the facts stated a	re accompa re true and	anying plans/di accurate and a	rawings and add any opinions give	ational en are the
			Or signed - A	lgent:			
							
		efore the date ery of the form)					
			13. Agent	Contact	Details		
I			Telephone				
		Extension number:	Country cod		onal number:		Extension number:
•							,
			Country cod	de: Mobi	le number (op	tional):	- L
					·		
Country code: Fax numb	er (optional):		Country coo	de: Fax n	umber (option	al):	-
				_	. 10		
mail address (optional):			Email addre	iss (optiona	ai): 		

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)