

1 0 MAY 2023

Application No.3/2023/038 2

Date received 10/5/23

Fee paid £

Receipt No:

COTINE

plication 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.

Applicant Name and Address	2. Agent Name and Address
Title: First name: MAKS+	Title: MR First name: PETER
Last name: CLE99	Last name: WWSTANLEY
Company (optional):	Company WINSTANCEY THEE SERVICES
Unit: House number: House suffix:	Unit: House number: 3 House suffix:
House name:	House name: FAIRFIEL DS
Address 1:	Address 1: WHALLEY ROAD
Address 2:	Address 2: HURST GREEN
Address 3:	Address 3:
Town:	Town: CLITHEROF
County:	County: LANCS.
Country:	Country: ENGLAND
Postcode:	Postcode: BB7 906

ocation	4. Trees Ownership
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)
Unit: House number: 12 House suffix:	Title: First name:
House name:	Company
Address 1: PENDLE DRIVE	(optional): Unit: House House
Address 2: WHALLEY	House suffix:
Address 3:	name: Address 1:
TOWN: CLITHEROE	Address 2:
County:	Address 3:
Postcode (if known): BB7 95T	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:
ALL TREES IN THE REAR	Telephone numbers Extension
GARDEN OF No. 12 PENDLE	Country code: National number: number:
DRIVE	Country code: Mobile number (optional):
UKIVE.	Country code: Fau number (auti-
	Country code: Fax number (optional):
	Email address (optional):
5. What Are You Applying For?	6. Tree Preservation Order Details
Arraya va a kina a a a a a ta a a a a a a a a a a a a	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?	Delow.
Are you wishing to carry out works to tree(s)	
in a conservation area? Yes No	
7. Identification Of Tree(s) And Description Of Works	
Please identify the tree(s) and provide a full and clear specification of necessary. You might find it useful to contact an arborist (tree surgeo	the works you want to carry out. Continue on a separate sheet if
protected by a 180, please number them as shown in the First Sched	ule to the TPO where this is available. Use the same numbers on
Please provide the following information below: tree species (and the	e number used on the sketch plan) and description of works. Where
trees are protected by a TPO you must also provide reasons for the w planting replacement trees (including quantity, species, position and	Ofk and where trees are being folled places give your proposals for
E.g. Oak (T3) - fell because of excessive shading and low amenity value. R	Replant with 1 standard ash in the same place.
T1 - OAK - REMOVE DUE TO SEVI	ERE DIEBACK OF CROWN.
T-2- OAK- DEADWOOD REMOVER AN	D CROW LIFT.
T-3- OAK- DEADWOOD AND CROWN) LIFT.
*ALL TREES SHOWING NOTI	CEARLE SOIL LEVEL CHANGE

T-4-3 T-5-0 T-6-A	Sycamone - DAK - DEI SA - No	DEAD. 1 ADWOOD WORK	MAKE AND AT TH	SAFE MAKE IIS T	AND SAF IME.	LEAVE DA	AS HABI	TAT POLE
8. Trees - Additional	Information							
Additional information m	ay be attached to ele	ctronic commu	unications o	r provided	l separate	ly 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 tre If YES, you are re diagnostic infor 	e(s) - e.g. it is diseased equired to provide writ mation from an appro	ten arboricultui	ars that it mi ral advice or	ght break o other	r fall:	Z 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.						ots		
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 Are you providing separate	any tree) information (e.g. an ad	ditional schedul	ie of work fo	or Question	7)?	☐ Yes	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.								
			·	. •				

meation Of Tree(s) And Description Of Works continued ...

The Fermions of the Control of the C					
respect to the Authority, I am:					
(a) a member of staff (c) related to a member of staff	Do course those statements and the same				
(b) an elected member (d) related to an elected member	Do any of these statements apply to you? Yes				
If Yes, please provide details of the name, relationship and role	Yes				
The state of the s					
	2				
40 Application For Wall Land Co.					
10. Application For Tree Works - Checklist					
Only one copy of the application form and additional information (Question 8) is required. Please use the guidance and this checklist to make sure that this form has been completed correctly and that all relevant information is submitted. Please note that failure to supply precise and detailed information may result in your application being rejected or delayed. You do not need to fill out this section, but it may help you to submit a valid form.					
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 from an appropriate expert					
• if you are alleging subsidence damage - a report by an appropriate engineer or supreyor.					
• in respect of other structural damage - written technical evidence					
included all other information listed in Question 8?					
1. Declaration - Trees					
we hereby apply for planning permission/consent or described to the					
we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional plans/drawings and additional plans of the person(s) giving them.					
enuine opinions of the person(s) giving them. Signed - Applicant:					
Data /DD // 484 00000					
Date (DD/MM/YYYY): (This data must not be before the data.)					
7 5 23 (This date must not be before the date of sending or hand-delivery of the form)					
2 Applicant Contact Principle					
	t Contact Details				
elephone numbers Extension Telephone r					
	de: National number: Extension				
ountry code: Mobile number (optional):					
ountry code: Fax number (optional):					
mail address (optional):					

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

(Please see guidance notes)

(T3 - OAK PRONE T-LG-SYCAMORE REMOVE 172 - DAK PRONE 71-OAK REMOVE T-S - OAK PRUNE N/A

T6- AS#

12 PENDLE DRIVE