



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: MRS First name: GAIL	Title: MR First name: STUART
Last name: DRURY	Last name: WATSON
Company (optional):	Company (optional):
Unit: House number: 32 House suffix:	Unit: House number: 98 House suffix:
House name:	House name: Alliance House
Address 1: ABBEY LANE	Address 1: Fountains/OCS group
Address 2:	Address 2: CHURCH STREET
Address 3: Barnsley	Address 3: H0
Town:	Town: Hunsley
County:	County: West Yorkshire
Country:	Country:
Postcode: S71 5QD	Postcode: LS10 2AZ

3. Trees Location

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)

Unit:		House number:		House suffix:	
House name:	BUILDING PLOT				
Address 1:	PINFOLD LANE				
Address 2:					
Address 3:					
Town:	DARFOLD				
County:					
Postcode (if known):	S73 9HT				

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 rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference:

Description:

THE LAND IS SITUATED ON
THE CORNER OF PINFOLD
LANE / MEADOW LANE

4. Trees Ownership

Is the applicant the owner of the tree(s): ☒ Yes ☐ No
If 'No' please provide the address of the owner (if known and if different from the trees location)

Title:		First name:	
Last name:			
Company (optional):			
Unit:		House number:	
House name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

Telephone numbers

Country code:	National number:	Extension number:
Country code:	Mobile number (optional):	
Country code:	Fax number (optional):	
Email address (optional):		

5. What Are You Applying For?

Are you seeking consent for works to tree(s) subject to a TPO? ☒ Yes ☐ No

Are you wishing to carry out works to tree(s) in a conservation area? ☐ Yes ☐ No

6. Tree Preservation Order Details

If you know which TPO protects the tree(s), enter its title or number below.

REFERENCE NO 7

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 surgeon) for help with defining appropriate work. Where trees are protected by a TPO, please number them as shown in the First Schedule to the TPO where this is available. Use the same numbers on your sketch plan (see guidance notes).

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.

SEE ATTACHED CONSENTS

9. Authority Employee / Member

With respect to the Authority, I am:

- (a) a member of staff (c) related to a member of staff
(b) an elected member (d) related to an elected member

Do any of these statements apply to you?

☐ Yes

☒ No

If Yes, please provide details of the name, relationship and role

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 surveyor and one from an arboriculturist.
 - in respect of other structural damage - written technical evidence
- included all other information listed in Question 8?

☐☐☐☐☐

11. Declaration - Trees

I/we hereby apply for consent/give notice for tree work as described in this form and the accompanying plans and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

(This date must not be before the date of sending or hand-delivery of the form)

12. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
Country code:	Mobile number (optional):	
Country code:	Fax number (optional):	

13. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
Country code:	Mobile number (optional):	
Country code:	Fax number (optional):	

Email address (optional):

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

SEE ATTACHED PHOTOS/POP

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 ☒ 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. ☐ Yes ☒ No
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)? ☒ 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.

263569

Tree and Vegetation Clearance Consent Form

Fountains is contracted to carry out vegetation management around Northern Powergrid Ltd powerlines

fountains
an OCS Group Company

SID

2	6	3	5	6	8
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Zone: Voltage: Feeder:

SD Req. ☒ Yes ☐ No Breach LZ ☒ Yes ☐ No Breach VZ ☒ Yes ☐ No
Distance to Conductor • m Veg Position ☐ SU ☐ U ☐ O ☒ A Asset Clearance Req. ☐ Yes ☒ No

☒ Traffic Management ☐ Large Saw ☐ Lowering Kit ☐ 4 x 4 MEWP ☐ Tracked Chipper ☐ Turf Winch 01 Team Hours (3 man team) A1 Work Prescription Category	Site plan-identifying location of tree work assessed and access to site
☐ Refusal ☐ No Work Req	

Landowner: Please indicate if there are any hazards on site that our teams need to be aware of. Please detail on site specific risk assessment

Total Service Lines Affected Service Lines

Line / pole / tower refs	Tree No.	Tree Species	Specification and outline method statement / Access / Tidy up	Required Clearance (m)
Y2992	T1	SYC	DIRECTIONAL PRUNE REGROWTH TO MAIN LIMBS TO GAIN 2m	2m
31	T2	SYC	DIRECTIONAL PRUNE REGROWTH TO GAIN 3m	3m
2			- BRASH STONE WALL - LOOSE CAPPINGS SUB 2992	

Environment: Please tick the relevant boxes to identify any statutory designations you are aware of to be in place affecting proposed tree work. Any relevant bodies will be informed and consulted

Tree Preservation Order ☐ Special Area of Conservation ☐ Special Protection Area ☐ Site of Special Scientific Interest ☐
National Nature Reserve ☐ RAMSAR Site ☐ Nesting Birds ☐ Other ☐

Approval: I agree to Fountains, authorised contractors engaged by Northern Powergrid Ltd carrying out tree cutting on my land to the schedule detailed above. A date for the tree works will be agreed with you. The work will be carried out at no cost to you

First Name:

Surname:

House Number: Address:

Postcode: Tel: Tel 2:

Email:

Please fill the address section out in CAPITAL letters
Date:

Authorised SID Signed

In the event of any queries please contact -
Consenter Name: Tel:



Send Form

BUILDING Plot

Tree and Vegetation Clearance Consent Form

Fountains is contracted to carry out vegetation management around Northern Powergrid Ltd powerlines

fountains
an OCS Group Company

SID

2	6	3	5	6	9
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Zone: Z4 Voltage: LV Feeder: HOUGHTON MAIN - SHROGGS HEAD TEED 11KV

SD Req. ☒ Yes ☐ No Breach LZ ☒ Yes ☐ No Breach VZ ☒ Yes ☐ No
Distance to Conductor 00 • 2 m Veg Position ☐ SU ☐ U ☐ O ☒ A Asset Clearance Req. ☐ Yes ☒ No

☐ Traffic Management ☐ Large Saw ☐ Lowering Kit ☐ 4 x 4 MEWP ☐ Tracked Chipper ☐ Turf Winch	Site plan-identifying location of tree work assessed and access to site
<u>02</u> Team Hours (3 man team) <u>A1</u> Work Prescription Category	☐ Refusal ☐ No Work Req

Landowner: Please indicate if there are any hazards on site that our teams need to be aware of. Please detail on site specific risk assessment

Total Service Lines 01 Affected Service Lines 00

Line / pole / tower refs	Tree No.	Tree Species	Specification and outline method statement / Access / Tidy up	Required Clearance (m)
<u>Y2992</u>	<u>T1</u>	<u>SYC</u>	<u>DIRECTIONAL PRUNE REGROWTH TO MAIN LIMBS TO GAIN 3m</u>	<u>3m</u>
<u>4</u>	<u>T2</u>	<u>SYC</u>	<u>-SELF SEEDLING - FELL TO GROUND</u>	<u>9</u>
<u>3</u>			<u>BRASH</u> <u>SUB 2992</u> <u>T.M SIGNS + CONES</u>	

Environment: Please tick the relevant boxes to identify any statutory designations you are aware of to be in place affecting proposed tree work. Any relevant bodies will be informed and consulted

Tree Preservation Order ☒ Special Area of Conservation ☐ Special Protection Area ☐ Site of Special Scientific Interest ☐
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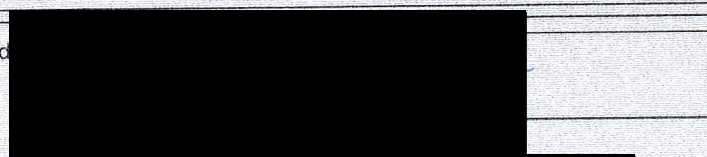
First Name: GAIL
Surname: DRURY
House Number: 32 Address: ABBAY LANE
Postcode: ST1 5QD Tel: 07775335412 Tel 2:
Email:

Please fill the address section out in CAPITAL letters
Date: DD/MM/YYYY

Authorised SID

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Signed



In the event of any queries please contact -

Consenter Name: ShannonTel:

Send Form

