Kirklees COUNCIL

Planning

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PLAN NO.	17/01593	
DATE LODGED	- 9 MAY 2017	
RECEIPT NO.		FEE RECEIVED
CASH	CHEQUE	OTHER

KIRKLEES COUNCIL - RESPONDING TO THE RECESSION
VALIDATION CHECKLIST: SUPPLY 1 COPY (PLUS THE ORIGINAL)

£

Cleckheaton
TPO 18/10/tl -1.733219, 53.722331

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

Title:	Mr
First name:	Jerry
Last name:	
Company (optional):	
Unit:	
House number:	15
House suffix:	
House name:	Meadowcroft.
Address 1:	lower lark hill
Address 2:	
Address 3:	
Town:	Cleckheaton
County:	West Yorkshire
Country:	
Postcode:	BD19 6JJ

2. Agent Name and Address

Title:	Mr
First name:	James
Last name:	Bradie
Company (optional):	Mirfield Tree Surgery
Unit:	
House number:	12
House suffix:	
House name:	
Address 1:	Crossley Close.
Address 2:	
Address 3:	
Town:	Mirfield
County:	West yorkshire
Country:	
Postcode:	WF14 0JY

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: 4 | House suffix:

House name:

Address 1: Lark hill close.

Address 2:

Address 3:

Town:

County:

Postcode (if known): BD19 6JW

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:

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 suffix:

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.

06/03/G1.

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.

T1	ASH	Remove large limb	TO Stop Overhanging of neighbouring Property

9. Authority Employee / Member

With respect to the Authority, I am:

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

Date (DD/MM/YYYY): 7/5/2017 (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):

Email address (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):

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)