

|                 |              |
|-----------------|--------------|
| PLAN NO.        |              |
| DATE OF RECEIPT |              |
| RECEIPT NO.     |              |
| FEE RECEIVED    | FEE REQUIRED |
| CASH            | CHEQUE       |

Please email completed forms to [trees.planning@kirklees.gov.uk](mailto:trees.planning@kirklees.gov.uk) or post to the above address

## Application for hedgerow removal notice.

The Environment Act 1995.

The Hedgerows Regulations 1997

### Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

#### 1. Applicant Name and Address

|                     |                 |               |        |
|---------------------|-----------------|---------------|--------|
| Title:              | MRS             | First name:   | MARION |
| Last name:          | SPELMAN         |               |        |
| Company (optional): |                 |               |        |
| Unit:               | House number:   | House suffix: |        |
| House name:         | FOURTHALL HOUSE |               |        |
| Address 1:          | CROSS LANE      |               |        |
| Address 2:          | SHELLEY         |               |        |
| Address 3:          |                 |               |        |
| Town:               | HUDDERSFIELD    |               |        |
| County:             | WEST YORKSHIRE  |               |        |
| Country:            | UK              |               |        |
| Postcode:           | HD8 0ST         |               |        |

#### 2. Agent Name and Address

|                     |                 |               |         |
|---------------------|-----------------|---------------|---------|
| Title:              | MR              | First name:   | MICHAEL |
| Last name:          | FORSTER         |               |         |
| Company (optional): | MLWCF LTD.      |               |         |
| Unit:               | House number:   | House suffix: |         |
| House name:         | 15              |               |         |
| Address 1:          | THE LANE        |               |         |
| Address 2:          | MICKLEBY        |               |         |
| Address 3:          |                 |               |         |
| Town:               | SALTBURN        |               |         |
| County:             | NORTH YORKSHIRE |               |         |
| Country:            | UK              |               |         |
| Postcode:           | TS13 5LU        |               |         |

### 3. Site Address Details

Please provide the full postal address of the application site.

|                                                                                               |                  |               |        |               |  |
|-----------------------------------------------------------------------------------------------|------------------|---------------|--------|---------------|--|
| Unit:                                                                                         |                  | House number: |        | House suffix: |  |
| House name:                                                                                   | Folly Hall House |               |        |               |  |
| Address 1:                                                                                    | Cross Lane       |               |        |               |  |
| Address 2:                                                                                    | Shelley          |               |        |               |  |
| Address 3:                                                                                    |                  |               |        |               |  |
| Town:                                                                                         | Huddersfield     |               |        |               |  |
| County:                                                                                       | West Yorkshire   |               |        |               |  |
| Postcode (optional):                                                                          | HD8 0ST          |               |        |               |  |
| Description of location or a grid reference.<br>(must be completed if postcode is not known): |                  |               |        |               |  |
| Easting:                                                                                      | 420308           | Northings:    | 412224 |               |  |
| Description:                                                                                  |                  |               |        |               |  |
|                                                                                               |                  |               |        |               |  |

### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☒ Yes ☐ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Nick Goddard

Reference:

Date (DD/MM/YYYY):

(must be pre-application submission)

18/11/2022

Details of pre-application advice received?

Assistance in preparation and submission of planning notice for hedgerow removal.

### 5. Hedgerow Removal Notice

Please state the reasons for the proposed removal of hedgerow(s):

The landowner has applied to divert a public right of way on their land. As part of the order, a new pedestrian gate is required. In order to install the new gate, approx 1.5m - 2m of existing hedgerow needs removing.

Please state the reference number of the plan(s) to be submitted with this application showing the stretch(es) of hedgerow(s) to be removed:

|    |                         |    |  |
|----|-------------------------|----|--|
| 1. | Folly Hall House - Plan | 5. |  |
| 2. |                         | 6. |  |
| 3. |                         | 7. |  |
| 4. |                         | 8. |  |

Please state if the hedgerow to be removed is less than 30 years old:

☐ Yes ☒ No

If Yes, is evidence of the date of planting attached:

☐ Yes ☐ No

Please answer the following questions (one must be answered 'Yes'):

I am/we are the owner(s) of the freehold of the land concerned:  
OR

☒ Yes ☐ No

I am/we are the tenant(s) of the agricultural holding concerned:  
OR

☐ Yes ☐ No

I am/we are the tenant(s) under the farm business tenancy concerned:  
OR

☐ Yes ☐ No

I am/act for the utility operator concerned:

☐ Yes ☐ No

## 6. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

3 copies of a completed dated application form: Submitted ☒ electronically The correct fee:

N/A ☐

3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: Submitted ☒ electronically

## 7. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

08/01/2023

(date cannot be pre-application)

## 8. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

## 10. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☒ Yes

☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

☒ Agent

☐ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

Electronic Communication - If you submit this form by e-mail the LPA may communicate with in the same manner (Please see guidance notes for further information)