Kirklees COUNCIL

Planning

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PLAN NO.		
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KIRKLEES COUNCIL - RESPONDING TO THE RECESSION
VALIDATION CHECKLIST: SUPPLY 1 COPY (PLUS THE ORIGINAL)

Application for tree works: works to trees subject to a tree preservation order (TP

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/app

ublication of applications on planning authority websites

lease note that the information provided on this application form and in supporting documents may be published on the uthority's website. If you require any further clarification, please contact the Authority's planning department.

lease complete using block capitals and black ink.
ou 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 otice of works to trees in a conservation area).
: is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your applic otice cannot proceed.

1. Applicant Name and Address

Title:	
First name:	MAEEM
Last name:	SORWAR
Company (optional):	
Unit:	
House number:	4
House suffix:	
House name:	
Address 1:	KAFFIR ROAD.
Address 2:	EDGERTON
Address 3:	
Town:	HUDDERSFIELD
County:	
Country:	
Postcode:	HD22AN

2. Agent Name and Address

Title:	
First name:	NIGEL
Last name:	ELLAM
Company (optional):	TREE Solutions
Unit:	
House number:	28
House suffix:	
House name:	
Address 1:	MYRTLE ROAD
Address 2:	GOLCAR
Address 3:	
Town:	HUDDERSFIELD
County:	
Country:	
Postcode:	HD7 4EF

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:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (if known):

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 numb below.

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. Whe trees are protected by a TPO you must also provide reasons for the work and, where trees are being felled, please give your proposals f 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.

TO FELL LARGE SYCAMORE THAT SEEMS TO BE DYING IN THE CANOPY. THER IS SMALL ~~CHILD~~ KIDS PLAYING UNDER THE TREE AND DONT ~~WANT~~ WONT A BRANCH TO Fall and Kill Them.

ees - Additional information

ional information may be attached to electronic communications or provided separately in paper format.

l trees

ch plan clearly showing the position of trees listed in Question 7 must be provided when applying for works to trees covered PO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation area (see guidance notes). ld also be helpful if you provided details of any advice given on site by an LPA officer.

orks to trees covered by a TPO

) indicate whether the reasons for carrying out the proposed works include any of the following. If so, your application ɔe accompanied by the necessary evidence to support your proposals. (See guidance notes for further details)

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.

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.

ents and plans (for any tree)

ı providing separate information (e.g. an additional schedule of work for Question 7)? ☐ Yes ☐ No

please provide the reference numbers of plans, documents, professional reports, photographs etc in support of your application. are being provided separately from this form, please detail how they are being submitted.

Authority Employee / Member

respect to the Authority, I am:

member of staff (c) related to a member of staff

n elected member (d) related to an elected member

Do any of these statements apply to you?

☐ Yes ☒ No

s, please provide details of the name, relationship and role

Application For Tree Works - Checklist

one copy of the application form and additional information (Question 8) is required. Please use the guidance and this checklist to sure that this form has been completed correctly and that all relevant information is submitted. Please note that failure to ly precise and detailed information may result in your application being rejected or delayed. You do not need to fill out this section, may help you to submit a valid form.

ch Plan

- A sketch plan showing the location of all trees (see Question 8) ☐

ll trees
Question 7)

- Clear identification of the trees concerned ☐
- A full and clear specification of the works to be carried out ☐

orks to trees protected by a TPO
Question 7)

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? ☐

eclaration - Trees

reby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional ation. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the e opinions of the person(s) giving them.

l - Applicant: Or signed - Agent: [redacted]

DD/MM/YYYY): [redacted] (This date must not be before the date of sending or hand-delivery of the form)

pplicant Contact Details

one numbers

y code: National number: Extension number:

y code: Mobile number (optional):

y code: Fax number (optional):

ddress (optional):

s communication - If you submit this form by fax or e-mail the LPA may communicate with you in the same manner

13. Agent Contact Details

Telephone numbers

Country code: National number: [redacted] Extension number:

Country code: Mobile number (optional): [redacted]

Country code: Fax number (optional):

Email address (optional): [redacted]