Kirklees Council
Planning Services (Trees)
PO Box 1720
Huddersfield
HD1 9EL

PLAN NO.		
DATE LODGED		
RECEIPT NO.		FEE RECEIVED
CASH	CHEQUE	OTHER
KIRKLEES COUNCIL - RESPONDING TO THE RECESSION VALIDATION CHECKLIST: SUPPLY 1 COPY (PLUS THE ORIGINAL)		

Please email completed forms to trees.planning@kirklees.gov.uk or post to the address above

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:	YAHYA
Last name:	LAHER
Company (optional):	
Unit:	
House number:	5
House suffix:	
House name:	
Address 1:	5 OLDROYD WAY
Address 2:	
Address 3:	
Town:	DEWSBURY
County:	WEST YORKSHIRE
Country:	U.K
Postcode:	WF13 2JJ

2. Agent Name and Address

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

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 number 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. 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.

THE TREE IS IN THE BACK GARDEN OF

5 OLDROYD WAY

(CONTINUED OVERLEAF)

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

T1 - MATURE SYCAMORE, REAR GARDEN

PROPOSED WORKS

- CROWN REDUCE & RESHAPE THE TREE BY APPROXIMATELY 2 METRES IN HEIGHT & LATERAL SPREAD, PRUNING BACK TO SUITABLE GROWTH POINTS WHILST RETAINING A BALANCED & NATURAL CROWN.

(CONTINUED OVERLEAF)

3. 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.

- SELECTIVELY REDUCE / PRUNE BACK BRANCHES EXTENDING TOWARDS THE NEIGHBOURING PROPERTY & OVER / TOWARDS THE REAR BOUNDARY & ADJACENT PUBLIC HIGHWAY, TO PROVIDE APPROPRIATE CLEARANCE.

- REMOVE DEAD, DAMAGED, DEFECTIVE, CROSSING & HANGING BRANCHES.

GENERAL NOTES

- ALL CUTS WILL BE MADE TO APPROPRIATE GROWTH POINTS IN ACCORDANCE WITH BS 3998:2010 (TREE WORK RECOMMENDATIONS)
- THE NATURAL SHAPE & BALANCE OF THE CROWN WILL BE RETAINED AS FAR AS REASONABLY PRACTICABLE.
- THE WORKS WILL CONSTITUTE A PROPORTIONATE CROWN REDUCTION & WILL NOT INVOLVE TOPPING OR EXCESSIVE REMOVAL OF THE CROWN.
- ALL ARISINGS WILL BE REMOVED FROM SITE & DISPOSED OF RESPONSIBLY.

REASONS / JUSTIFICATION

. THE TREE HAS DEVELOPED INTO A LARGE MATURE SPECIMEN ENCROACHING ON THE NEIGHBOURING RESIDENTIAL PROPERTY & THE ADJACENT PUBLIC HIGHWAY.

. THERE HAS BEEN A BRANCH FAILURE FROM THE TREE THIS MONTH, RESULTING IN A FALLING BRANCH STRIKING & INJURING THE NEIGHBOUR'S GRANDSON. THE PROPOSED WORKS ARE THEREFORE SOUGHT TO APPROPRIATELY MANAGE THE CROWN & REDUCE THE RISK ASSOCIATED WITH FURTHER BRANCH FAILURE.

. THE SIZE & SPREAD OF THE CROWN ALSO SIGNIFICANTLY RESTRICT NATURAL LIGHT TO THE SURROUNDING GARDENS & PROPERTIES.

. SUBSTIANTIAL LEAF FALL CREATES SLIPPERY CONDITIONS ON SURROUNDING SURFACES & HAS PREVIOUSLY CAUSED A PERSON TO SLIP.

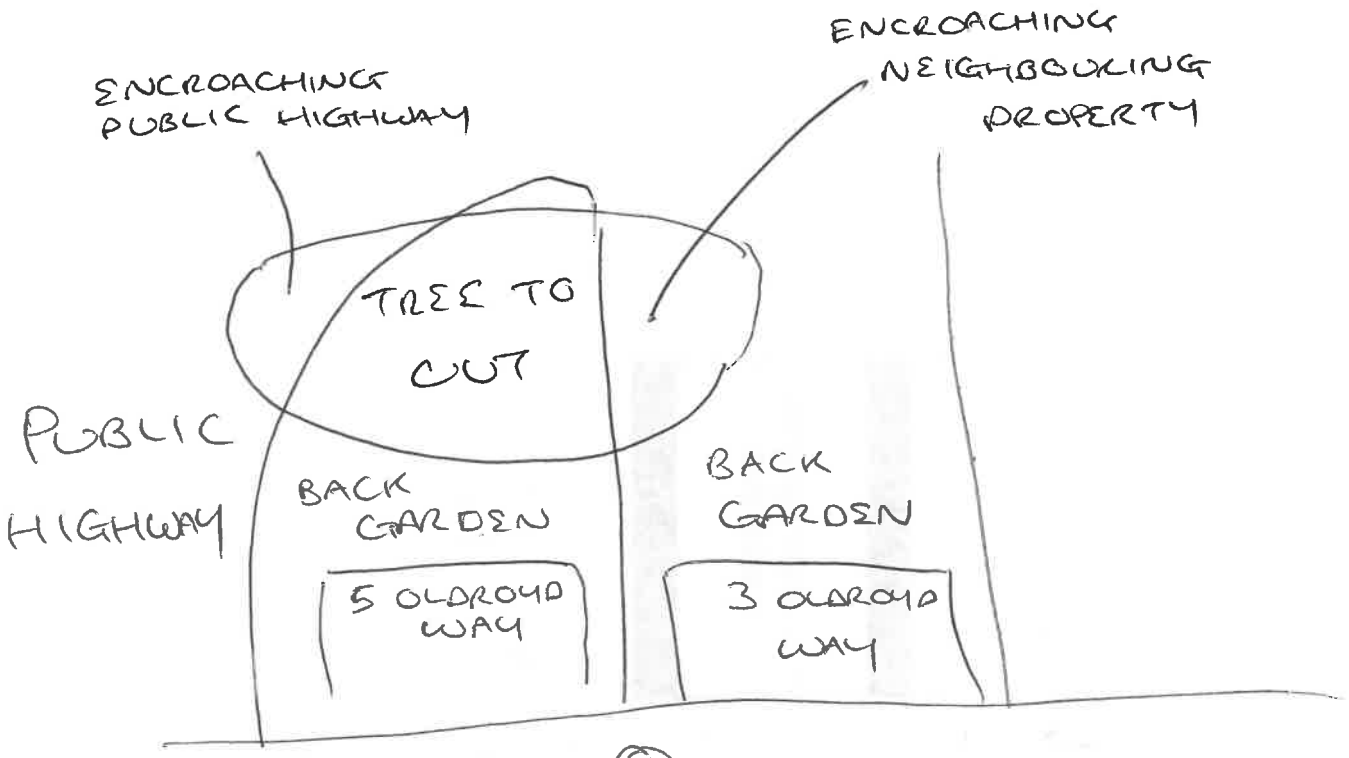
. THE DENSE CANOPY, LEAF DEBRIS & ASSOCIATED RETENTION OF MOISTURE AROUND

(CONTINUED OVERLEAF)

THE BOUNDARY ALSO CONTRIBUTE TO PROLONGED DAMP CONDITIONS & DETERIORATION OF TIMBER STRUCTURES. THE BOUNDARY FENCING HAS PREVIOUSLY DETERIORATED TO THE EXTENT THAT REPLACEMENT WAS REQUIRED.

. THE PROPOSED WORKS ARE INTENDED TO ADDRESS THESE ISSUES THROUGH A PROPORTIONATE REDUCTION & MANAGEMENT OF THE CROWN RATHER THAN REMOVAL OF THE TREE, WHILST RETAINING ITS NATURAL FORM & AMENITY VALUE.

SKETCH PLAN



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):

(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)