Application for tree works: works to trees subject to a preservation order (TPO) and/or notification of proposed works to trees in conservation areas (CA).

Town and Country Planning Act 1990

Please specify which language you prefer us to respond to you with regard to this application Welsh or English or both . Welsh application forms are available on the Authority's website or upon request to 01437 764551). You can complete and submit your application electronically via the Planning Portal by visiting 1app.planningapplications.gov.wales 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. 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 2. Agent Name and Address Title: First name: Title: First name: Last name: Last name: Company Company (optional): (optional): House House House House Unit: Unit: number: suffix: number: suffix: House House name: name: Address 1: Address 1: Address 2: Address 2:

Address 3:

Town:

County:

Country:

Postcode:

Address 3:

Town:

County:

Country:

Postcode:

| (3. Trees Location | 4. Trees Ownership | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Full address/location of the site where the tree(s) stand (incl full postcode where available) | uding Is the applicant the owner of the tree(s): If 'No' please provide the address of the owner (if known and if different from the trees location) | | | |
| Unit: House number: House suffix: | Title: First name: | | | |
| House name: | Last name: | | | |
| Address 1: | Company | | | |
| Address 2: | Unit: House House | | | |
| Address 3: | House suffix: | | | |
| Town: | name: Address 1: | | | |
| County: | Address 2: | | | |
| Postcode (if known): | Address 3: | | | |
| If there is not a full postal address, describe as clearly as poss where it is (for example, 'Land to the rear of 12 to 18 High St | sible | | | |
| 'Woodland adjoining Main Road') or provide a grid reference | E: County: | | | |
| Easting: | Country: | | | |
| Northing: | Postcode: | | | |
| Description: | Telephone numbers Extension | | | |
| | Country code: National number: number: | | | |
| | Country code: Mobile number (optional): | | | |
| | Country code: Fax number (optional): | | | |
| | Pax Humber (optional). | | | |
| | Email address (optional): | | | |
| | | | | |
| 5. What Are You Applying For? | 6. Tree Preservation Order Details | | | |
| Are you wishing to carry out works to tree(s) in a Conservation Area (CA)? | Do you know the title of the Tree Preservation Order (TPO)? If Yes, please provide the title of the TPO: | | | |
| Are you seeking consent for works to tree(s) Subject to a Tree Preservation Order (TPO)? Yes | □ No | | | |
| 7. Identification Of Tree(s) And Description Of Works | | | | |
| Before answering these questions you might find it helpful Please provide a full and clear description of: | to consult a tree surgeon to clarify what needs to be done. | | | |
| - The proposed works - The trees affected including species and location | | | | |
| | | | | |
| | | | | |
| | | | | |
| Trees protected by TPO should be numbered according to t | the First Schedule of the Tree Preservation Order. For example - T3 oak; two | | | |
| beech and one birch in G2. You must identify the trees on a sketch plan showing the lo | cation in relation to building(s), named roads and boundaries. | | | |
| Please state the reference number you have given the plan | (as described above): | | | |

| 8. Trees - Reasons For Works | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-------------------|
| This section only needs to be completed if you are seeking consent for proposed works to tree | es under a Tr | ee Preservation | Order (TPO) |
| Please state the reasons for carrying out the proposed works on the tree(s): | | | |
| | | | |
| | | | |
| Please indicate whether the reasons for carrying out the proposed works include any of the for accompanied by the documents specified. | ollowing. If s | o, your applicat | ion must be |
| Health or safety of the tree(s) - e.g. it is diseased, fears that it might break or fall: | Yes | No | |
| If Yes, information required - report by a tree professional (e.g. arboriculturist, horticultural adviser). | | | |
| Alleged subsidence damage: | Yes | ☐ No | |
| If Yes, Information required: Full report by an engineer or surveyor, together with one fro description of property damage; sub-soil type and shrinkage potential; location of any roc ground and building movement through a distortion survey and/or level or crack monitoring the vicinity and its management since discovery of the damage. | ots found an | d their identific | ation; history of |
| 9. Trees - Additional Information | | | |
| Are you providing additional information in support of your application? | Yes | ☐ No | |
| If Yes, please provide the reference numbers of plans, documents, professional reports etc in | support of y | our application | : |
| | | | |

| 10. Application For Tree Works - Checklist | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|
| Please use this checklist to ensure that the form has been completed or | correctly and that all relevant information is submitted. | | |
| For works to trees protected by a Tree Preservation Order, failure to suapplication being rejected or delay in dealing with it. In particular, you | | | |
| A completed and dated application form. | | | |
| A sketch plan showing the location of all tree(s). | | | |
| A full and clear specification of the works to be carried out. | | | |
| A statement of reasons for the proposed work. | | | |
| - evidence in support of statement of reasons. In particular, you shoul A report by a tree professional (e.g. arboriculturist or horticultures reasons relate to the health and/or safety of the tree(s). | · | | |
| A report by an engineer or surveyor, together with one from a (arboriculturist) if you are alleging subsidence damage. | a tree professional | | |
| For works to trees in conservation areas, it is important to supply precise wish to provide the following: | se and detailed information on your proposal. You may, therefore, | | |
| A completed and dated form, with all questions answered. | | | |
| A sketch plan showing the precise location of all tree(s). | | | |
| A full and clear specification of the works to be carried out. | | | |
| Whether the trees are protected by a TPO or in a conservation area, pl types of additional information you are submitting: | ease indicate which of the following | | |
| - photographs. \square | | | |
| - report by a tree professional (arboriculturist) or other. $\hfill\Box$ | | | |
| - details of any assistance or advice sought from a Local Planning Auth | nority officer prior to submitting this form. | | |
| 11. Declaration - Trees | | | |
| I/we hereby apply for planning permission as described in this form at confirm that, to the best of my knowledge, any facts stated are true ar persons giving them. | | | |
| Signed - Applicant: | Or signed - Agent: | | |
| | | | |
| Date (DD/MM/YYYY): | | | |
| (date cannot be pre-application) | | | |
| 12. Applicant Contact Details | 13. Agent Contact Details | | |
| Telephone numbers | Telephone numbers | | |
| Country code: National number: Extension number: | Country code: National number: Extension number: | | |
| | | | |
| Country code: Mobile number (optional): | Country code: Mobile number (optional): | | |
| | | | |
| Country code: Fax number (optional): | Country code: Fax number (optional): | | |
| | | | |
| Email address (optional): | Email address (optional): | | |

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