

www.derbyshire.gov.uk/planning

Derbyshire County Council, County Hall, Matlock, DE4 3AG

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

Town and Country Planning Act 1990

Scanned completed TPO tree works application forms should be sent to TPO.applications@derbyshire.gov.uk Alternatively, paper completed application forms can be sent to: Arboriculture, Derbyshire County Council, County Hall, Matlock DE4 3AG

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).

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

n in Question 1, go to Questic Iddress/location of the site Il postcode where available)				
i postcode where available)	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)			
House	Title: First name:			
suffix:	Last name:			
	Company (optional):			
	Unit: House House suffix:			
	House name:			
	Address 1:			
	Address 2:			
	Address 3:			
	- II			
	Town:			
t is (for example, 'Land to the	e County.			
	Country:			
	Postcode:			
	Telephone numbers Extension Country code: National number: number:			
	National number:			
	Country code: Mobile number (optional):			
	Country code: Fax number (optional):			
	Email address (optional):			
r?	6. Tree Preservation Order Details			
	If you know which TPO protects the tree(s), enter its title or number below.			
troo(s)	o			
o tree(s) Yes No				
res No				
o tree(s) Yes No	>			
o tree(s)				
	ot a full postal address, either			

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9. Authority Employee / Member							
It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority							
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	you Yes No						
If Yes, please provide details of the name, role, and how you are related to them							
10. Application For Tree Works - Checklist							
Only one copy of the application form and additional information (Question 8) is required. Please use this che make sure that this form has been completed correctly and that all relevant information is submitted. Please supply precise and detailed information may result in your application being rejected or delayed. You do not but it may help you to submit a valid form.	note that failure to						
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	П						
 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 plan information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and 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			13. Agent Contact Details		
Telephone num	nbers	Extension	Telephone numbers		Extension
Country code:	National number:	number:	Country code:	National number:	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 (c	optional):	

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