

Development Control Service Nordon, Salisbury Road Blandford Forum, DT11 7LL

For	office use only
Fee	
Received	
App. No.	

Tree & Hedgerow Applications should be returned to the Environment Team

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	2. Agent Name and Address
Title: MKS First name:	Title: First name: DAVID
Last name: MURCHIE	Last name: MERERELD
Company (optional):	Company (optional): TREEVISE.
Unit: House number: 27 House suffix:	Unit: House Buffix:
House name:	House name:
Address 1: ORCHARO CLOSE	Address 1: PIX MEAD GARDENS
Address 2:	Address 2:
Address 3:	Address 3:
TOWN: FONTMELL MAGNA	Town: SHAFTESBURY
County. DORSET	County: OCRSET
Country:	Country:
Postcode: SP7-OPG	Postcode: SP7882.

3. Trees Location	4. Trees Ownership			
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)	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 L House	Title; First name:			
Unit: number: suffix:	Last name:			
name:	(optional):			
Address 1:	Unit: House House suffix:			
Address 2:	House name:			
Address 3:	Address 1:			
Town:	Address 2:			
County:	Address 3:			
Postcode (if known):	Town:			
If the location is unclear or there is not a full postal address, either	County:			
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	Country:			
provide an Ordnance Survey grid reference:	Postcode:			
Description:	Telephone numbers Extension			
	Country code: National number: Extension number:			
	Country code: Mobile number (optional):			
	Country and Free particular (aux)			
	Country code: Fax number (optional):			
	Email address (optional):			
5. What Are You Applying For?	6. Tree Preservation Order Details			
	If you know which TPO protects the tree(s), enter its title or number below.			
Are you seeking consent for works to tree(s) Yes No subject to a TPO?				
Are you wishing to carry out works to tree(s) In a conservation area? Yes No				
7. Identification Of Tree(s) And Description Of Works				
Please identify the tree(s) and provide a full and clear specification of				
necessary. You might find it useful to contact an arborist (tree surged protected by a TPO, please number them as shown in the First Scheol				
your sketch plan (see guidance notes).				
Please provide the following information below: tree species (and the trees are protected by a TPO you must also provide reasons for the ways are protected by a TPO you must also provide reasons for the ways are protected by a TPO you must also provide reasons for the ways are provided in the provided				
planting replacement trees (including quantity, species, position and E.g. Oak (T3) - fell because of excessive shading and low amenity value, it	i size) or reasons for not wanting to replant.			
TI: APPLE: REDUCE BY FFT				
TI: APPLE: REDUCE BY 7-FT TZ: TREE OF HEAVEN: FELL				
T3: BIRCH: REMOVE LARGE LIMB. GROWN TOWARDS DRIVE & CROWN RAISE 5.2M				
DRIVE & CROWN RAISE 5.2M				

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8. Trees - Additional Information		
Additional information may be attached to electronic communications or provided separat	tely in paper	format.
For all trees A sketch plan clearly showing the position of trees listed in Question 7 must be provided when all by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation 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 followmust be accompanied by the necessary evidence to support your proposals. (See guidance note 1. Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall: If YES, you are required to provide written arboricultural advice or other	n area (see gu ving. If so, yo	idance notes). ur application
diagnostic information from an appropriate expert. 2. Alleged damage to property - e.g. subsidence or damage to drains or drives.	T Yes	₹ No
If YES, you are required to provide for:	1 (3	, 110
Subsidence A report by an engineer or surveyor, to include a description of damage, vegetation and repair proposals. Also a report from an arboriculturist to support the tree wo	on, monitorin rk proposals.	g data, soil, roots
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of d	amage and p	ossible solutions.
Documents and plans (for any tree) Are you providing separate information (e.g. an additional schedule of work for Question 7)?	┌┈ Yes	FreNo
If YES, please provide the reference numbers of plans, documents, professional reports, photogra If they are being provided separately from this form, please detail how they are being submitted.		oport of your application.

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9. Authority Employee / Member				
With respect to the Authority, I am: (a) a member of staff (c) related to a member of staff	Do any of these statements apply to you?			
(b) an elected member (d) related to an elected member	Yes No			
If Was all and a state of the s	<u> </u>			
If Yes, please provide details of the name, relationship and role				
	entri - entri			
10. Application For Tree Works - Checklist				
make sure that this form has been completed correctly and that all	Question 8) is required. Please use the guidance and this checklist to relevant information is submitted. Please note that failure to ion being rejected or delayed. You do not need to fill out this section,			
Sketch Plan				
 A sketch plan showing the location of all trees (see Question) 	on 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 	TO/			
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 part	tieula P			
 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 ar 	rappropriate engineer or surveyor			
and one from an arboriculturist. In respect of other structural damage, written technical evidence				
• 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 consent/give notice for tree work as described	in this form and the accompanying plans and additional information.			
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)				
or seriality of the forming				
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: National number: number:	Country code: National number: number:			
Country sode: Na-Nils and factorial 15	Country code: Matrix			
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):			

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)