

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

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

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you lenter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



Proud of our past. Energised for our future

Copeland Borough Council

The Copeland Centre,
Catherine Street, Whitehaven,
Cumbria CA28 75J

tel: 0845 054 8600

fax: 01946 59 83 03 email: info:dicopeland goviek web: www.copeland.goviek

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applicant Name and Address		2. Agent	2. Agent Name and Address				
Title:	MC First name: PAUL	Title:	First name:				
Last name:	COTTIER	Last name:					
Company (optional):	KPARBORISTS	Company (optional):					
Unit:	House House suffix:	Unit:	House House suffix:				
House name:	HULLYDENE	House name:					
Address 1:	HARRAS MOOR	Address 1:					
Address 2:		Address 2:					
Address 3:		Address 3:					
Town:	WHITEHAVEN	Town:					
County:		County:					
Country:		Country:					
Postcode:	CM 3 865G	Postcode:					

Version (018.)

Trees Location fall trees stand at the address shown in Question 1, go to Question Otherwise, please provide the full address/location of the site	4. Trees Ownership Is the applicant the owner of the tree(s): If 'No' please provide the address of the
vhere the tree(s) stand (including full postcode where available)	owner (if known and if different from the trees location)
Jnit. House LO House suffix.	Title: MRS First name: JULIET
House	Last name BUCHANAN Company
Address 1: CORKACKLE	(optional): House House House
Address 2	House sumx
Address 3:	Address 1:
TOWN. WHITEHAVEN	Address 2.
County:	Address 3.
Postcode CN28 8NA	Town.
f the location is unclear or there is not a full postal address, either	County:
tescribe as clearly as possible where it is (for example, 'Land to the ear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference.	Country
Description:	Postcode:
5. What Are You Applying For?	Country code: National number: number: Country code Mobile number (optional): Country code Fax number (optional) Email address (optional). 6. Tree Preservation Order Details
Are you seeking consent for works to tree(s) Yes No subject to a TPO?	If you know which TPO protects the tree(s), enter its title or number below.
Are you wishing to carry out works to tree(s) Yes No in a conservation area?	
7. Identification Of Tree(s) And Description Of Works	5
Please identify the tree(s) and provide a full and clear specification necessary. You might find it useful to contact an arborist (tree surg protected by a TPO, please number them as shown in the First School your sketch plan (see guidance notes). Please provide the following information below: tree species (and	of the works you want to carry out. Continue on a separate sheet if geon) for help with defining appropriate work. Where trees are edule to the TPO where this is available. Use the same numbers on the number used on the sketch plan) and description of works. Where work and, where trees are being felled, please give your proposals for not size) or reasons for not wanting to replant.
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RAY AREA . TH IS IT IM	LIGHT INTO A CHICARDUS

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		,	*		7 , 1 ,	J. S. Vice Vice			
8. Trees - Ad	ditional Infor	mation							THE PARTY OF THE P
		attached to electro	onic commi	unications or p	rovided se	parately in	paper	format.	
For all trees		. 121		** ** * *					
*		position of trees list dvised when notifyin		,					vered
It would also be h	elpful if you prov	rided details of any	advice giver	n on site by an l	.PA officer.				
For works to tree			2.5	4 4 4 4 8		F. 21	ž	** * ** * **	
		ons for carrying out essary evidence to							
1. Condition	of the tree(s)	e.g. it is diseased o	r you have fe	ears that it migh	t break or fa	and the second	Yes	⊉ Ńo	
		red to provide writte on from an appropri		Tigi graine of o	riei				
2. Alleged d	amage to prope	arty - e.g. subsidend	ce or damag	e to drains or dr	ives.	g	Voc	Z No	
	S, you are require ibsidence	ed to provide for				L	169)ET (40	
A	report by an eng	ineer or surveyor, I	o include a	description of d	amage, veg	etation, moi	nitoring	data, soil, root	s
ar	id repair proposa	als. Also a report fr	om an arbor	riculturist to sup	port the tree	e work prope)sals.		
0	iher structural dar	mage (e.g. drains, w evidence from an aj	ralls and har	d surfaces) voort including	description	of damage	and no	iceible enlidinn	£
Documents and	plans (for any tr	ree)						ن .	.
Are you providing	separate inform	ation (e.g. an additi	onal schedu	ile of work for C	luestion 7)?		Yes	Z No	
		nce numbers of pla ately from this form,					tc in st	apport of your a	ipplicatio
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means related, by	birth or otherwi	sion-making that the se, closely enough	that a fair-m	ninded and infor	med observ	er, having o			
		he part of the decis			AND THE REAL PROPERTY.		. 63	Abramita (3 arms	
Do any of the for	owing statement	is apply to you and	or agent/ [n respect to a member o		thority, I am	
					, s	an elected related to a			
					. ,			ed member	
		neir name, role and							

10. Application For Tree Works - Checklist	**************************************
Only one copy of the application form and additional information (Question 8) is required. Please use the guidal make sure that this form has been completed correctly and that all relevant information is submitted. Please no supply precise and detailed information may result in your application being rejected or delayed. You do not no but it may help you to submit a valid form.	te that failure to
Sketch Plan	2000upona+erfelia
A sketch plan showing the location of all trees (see Question 8)	
For all trees (see Question 7)	and the second s
 Clear identification of the trees concerned A full and clear specification of the works to be carried out 	entremme
•	200
For works to trees protected by a TPO (see Question 7)	поличения
Have you:	33300V646600
stated reasons for the proposed works?	And the second
 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 	points in
 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 87	
• Included an other mormation listed in Question o?	<u>LL</u>
11. Declaration - Trees I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/draw information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent:	ings and additional opinions given are the
P-1- (223 8 18 6 5 5 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	
Date (DD/MM/YYYY) [29/66/2525] (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 numbers Telephone numbers	
Extension Country code. National number: number: Country code: National number:	Extension number:
	ALIA PLAN
Country code: Mobile number (optional): Country code Mobile number (option	aal)
	(84)
Country code: Mobile number (optional): Country code Fax number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Country code: Fax number (optional):	nal)
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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)