



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**

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Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter 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:



Copeland Borough Council

The Copeland Centre, Catherine Street, Whitehaven, Cumbria CA28 7SJ tel: 0845 054 8600

fax: 01946 59 83 03

email: info@copeland.gov.uk

## 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.

Applicant Name and Address			
Title:	MR First name: CHARLES		
Last name:	BAKER		
Company (optional):	LECONFIGLD ESTATES		
Unit: C	House number: 64 House suffix:		
House name:	SAVILLS		
Address 1:	WARWICK ROAD		
Address 2:			
Address 3:			
Town:	CARLISLE		
County:	CUMBRIA		
Country:	U K		
Postcode:	CALLOR		

2. Agent Name and Address		
Title:	MR First name: ALAN	
Last name:	SHARPE	
Company (optional):	COMBE & SHARPE LTD	
Unit:	House number: House suffix:	
House name:		
Address 1:	PITWOOD ROAD	
Address 2:	LILLYHALL INDEST	
Address 3:		
Town:	WORKINGTON	
County:	CUMBRIA	
Country:	UK	
Postcode:	CA14 4JP	

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 House	Title: LADY First name:				
number: suffix:	Last name: CGRGMONT				
House name: EGREMONT CASTLE	Company (optional): LECONFIELD ESTATES				
Address 1: CASTLE VILLAS	Unit: House House suffix:				
Address 2: BOOKWELL	House name: C/O SAVILLS				
Address 3:	Address 1: WARWICK ROAD				
Town: EGREMONT	Address 2:				
County: CUMBRIA	Address 3:				
Postcode (if known): CA22 25W	Town: CARLISLE				
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	County: CUMBRIA				
rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference:	Country: U <				
Description:	Postcode: CAIIDR				
	Telephone numbers  CHARLES Extension Country code: National number: BAKER number:				
	Country code: National number: BARCIS number:				
	Country code: Mobile number (optional):				
	Country code: Fax number (optional):				
	Country code: Fax number (optional):				
	Email address (optional):				
5. What Are You Applying For?	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? Yes Yes No					
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.					
TO CARRY OUT WORK ON 6 TREES AS FOLLOWS:- IWEEPING ELM - TO REMOVE DEAD BRANCHES AS THEY					
OVERHANG THE PATH.					
2. FIR TREE NO 1: TO FELL & REMOVE AS GROWING IN					
THE MORT					

7. Identification Of Tree(s) And Description Of Works continued
3. FIR TREE NO 2 - FELL & REMOVE AS GROWING IN MOAT
4 BEECH TREE ON LEFT HAND SIDE OF PICTURE - FELL &
DEMOSE TO ALLOW MORE ROOM
5. CHESTAUT TREE ON RIGHT HAND SIDE OF PICTURE-
LEFT A MENDOF 10 LICEOLD
6. BEECH TREE ON RIGHT HAND SIDE OF PICTURE-
FELL 4 REMOVE TO ALLOW MORE ROOM.
8. 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:
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.
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)?
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.
PHOTOGRAPHS OF INDIVIDUAL TREES - ATTACHMENT 1
SITE PLAN SHOWING LOCATION OF TREES - ATTACHMENT
GENERAL SITE PLAN- ATTACHMENT 3
Scherc 3116
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, "relating 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.
Do any of the following statements apply to you and/or agent? Yes No 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  If Yes, please provide details of their name, role and how you are related to them.
in 163, picase provide details of their flame, fole and flow 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 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					
<ul> <li>A sketch plan showing the location of all trees (see Question 8)</li> </ul>					
For all trees (see Question 7)					
<ul> <li>Clear identification of the trees concerned</li> </ul>					
<ul> <li>A full and clear specification of the works to be carried out</li> </ul>					
For works to trees protected by a TPO (see Question 7)					
Have you:					
<ul><li>stated reasons for the proposed works?</li></ul>					
<ul> <li>provided evidence in support of the stated reasons? in particular:</li> </ul>					
<ul> <li>if your reasons relate to the condition of the tree(s) - written e appropriate expert</li> </ul>	vidence from an				
<ul> <li>if you are alleging subsidence damage - a report by an approp</li> </ul>	oriate engineer or surveyor				
<ul> <li>and one from an arboriculturist.</li> <li>in respect of other structural damage - written technical evide</li> </ul>	ence				
<ul> <li>included all other information listed in Question 8?</li> </ul>					
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 13. Agent Contact Details					
Telephone numbers Telephone numbers	phone numbers				
Country code: National number: Extension number: Cour	ntry code: National number: Extension number: number:				
Country code: Mobile number (optional): Cour	ntry code: Mobile number (optional):				
Country code. Mobile Humber (optional).	Mobile number (optional):				
Country code: Fax number (optional): Cour	ntry code: Fax number (optional):				
Email address (optional):  Email address (optional):	I 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)