

Please complete this form in block capitals using black ink to facilitate scanning.

You are advised to read the accompanying guidance notes and per-question help text.

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

## 'rivacy Notice

his form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting a local Planning Authority in accordance with the legislation detailed on this form.

lease 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.
In subsequent use of this form is solely at your discretion, including the choice to complete and submit it to a Local Planning Authority in greement with the declaration section.

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

## .ocal Planning Authority details:



The Market Hall Market Place Whitehaven Cumbria CA28 7JG Telephone 0300 373 3730 cumberland.gov.uk

## 'ublication on Local Planning Authority websites

nformation provided on this form and in supporting documents may be published on the authority's planning register and website. lease ensure that the information you submit is accurate and correct and does not include personal or sensitive information. you require any further clarification, please contact the Local Planning Authority directly.

1. Applic	ant Name	e and Address		2. Agent	Name
Title:	MRS	First name: CAR	OL	Title:	MR
Last name:	TAYL	OR		Last name:	PK
Company (optional):				Company (optional):	AR
Unit:		House number:	House suffix:	Unit:	14
House name:	HILL	CREST		House name:	
Address 1:	INKCT	RMAN TERY	2ACE	Address 1:	DIS
Address 2:				Address 2:	
Address 3:				Address 3:	
Town:	WHITE	CHAVEN		Town:	WO
County:	CUME	BRIA		County:	CU
Country:				Country:	
Postcode:	CA28	3 7TY		Postcode:	CA

2. Agent	Name and Address
Title:	MR First name: SAM
Last name:	PRACTT
Company (optional):	ARBORSCAPE
Unit:	House number: House suffix:
House name:	
Address 1:	DISCOVERY PARK
Address 2:	
Address 3:	
Γown:	WORKINGTON
County:	CUMBRIA
Country:	
ostcode:	CA14 4JE

he owner of the tree(s):  yide the address of the and if different from the trees location)  First name:  House number:  House suffix:
House House
number: sumx:
ers Extension
National number: number:
Mobile number (optional):
Fax number (optional):
tions D.
tional):
vation Order Details
TPO protects the tree(s), enter its title or number
27-31
1

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.
T01: Salix caprea (Goat Willow)
Mature specimen of around 10m height previously pruned on several
occasions. remove due to growth from wall sides area and damage to pathway.
Multiple unions at height of coppard represents likely point of failure due to
breakability of species and specimen size.

8. Trees - Additional Information		
For all trees  A sketch plan clearly showing the position of trees listed in Question 7 must be provided when a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conser It would also be helpful if you provided details of any advice given on site by an LPA officer.	vation area (see guid	
For works to trees covered by a TPO Please indicate whether the reasons for carrying out the proposed works include any of the must be accompanied by the necessary evidence to support your proposals. (See guidance		
1. Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall:	Yes	□No
If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert.	The state of the s	
2. Alleged damage to property - e.g. subsidence or damage to drains or drives.	☐ Yes	□No
If YES, you are required to provide for:		
Subsidence A report by an engineer or surveyor, to include a description of damage, vegetation, monitor Also a report from an arboriculturist to support the tree work proposals.  Other structural damage (e.g. drains, walls and hard surfaces)		and repair proposals.
Written technical evidence from an appropriate expert, including description of damage an	d possible solutions.	
<b>Documents and plans (for any tree)</b> Are you providing separate information (e.g. an additional schedule of work for Question 7)	? Yes	☐ No
If YES, please provide the reference numbers of plans, documents, professional reports, pho If they are being provided separately from this form, please detail how they are being subm		port of your application.
· IMAGES · LOCATION PLAN		
(a) (b) (c) (d)	ver, having considere	nority, I am:
If Yes, please provide details of their name, role and how you are related to them.		

	dist			
Only one copy of the application form and addition make sure that this form has been completed consupply precise and detailed information may resubut it may help you to submit a valid form.	rectly and that all i	elevant information	on is submitted. Please note that	failure to
Sketch Plan				
<ul> <li>A sketch plan showing the location of al</li> </ul>	l trees (see Questio	on 8)		
For all trees (see Question 7)				
<ul> <li>Clear identification of the trees concerned</li> </ul>	ed			
A full and clear specification of the work				
For works to trees protected by a TPO (see Ques	stion 7)			
Have you:				
<ul><li>stated reasons for the proposed works?</li></ul>				
<ul> <li>provided evidence in support of the stat</li> </ul>	ed reasons? in nar	ticular:		
<ul> <li>if your reasons relate to the condition</li> </ul>			om an	
<ul><li>appropriate expert</li><li>if you are alleging subsidence dama</li></ul>	age - a report by a	n annronriate engi	neer or surveyor	
and one from an arboriculturist.			licer of surveyor	
<ul> <li>in respect of other structural damage</li> </ul>	ge - written techni	cal evidence		
<ul> <li>included all other information listed in Q</li> </ul>	uestion 8?			
11. Declaration - Trees  I/we hereby apply for planning permission/conser	nt as described in t	his form and the a	ccompanying plans/drawings an	d additional
I/we hereby apply for planning permission/conserinformation. I/we confirm that, to the best of my/o genuine opinions of the person(s) giving them.  Signed - Applicant:  Date (DD/MM/YYYY):	our knowledge, an	his form and the a y facts stated are to	ccompanying plans/drawings and ue and accurate and any opinion	d additional ns given are the
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I/we hereby apply for planning permission/conserinformation. I/we confirm that, to the best of my/orgenuine opinions of the person(s) giving them.  Signed - Applicant:  Date (DD/MM/YYYY):  OI-O7/2025 (This date must not be of sending or hand-de)  12. Applicant Contact Details  Telephone numbers	before the date livery of the form)	13. Agent Co	ontact Details	Extension
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I/we hereby apply for planning permission/conserinformation. I/we confirm that, to the best of my/orgenuine opinions of the person(s) giving them.  Signed - Applicant:  Date (DD/MM/YYYY):  O1-10-7/2025 (This date must not be of sending or hand-de)  12. Applicant Contact Details  Telephone numbers  Country code: National number:  Country code: Mobile number (optional):	before the date livery of the form)	13. Agent Co Telephone num Country code: Country code:	ontact Details  National number:  Mobile number (optional):	Extension

