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 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:



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

1. Applic	ant Name and Address	2. Agent Name and Address			
Title:	First name:	Title:	MR	First name:	THOMAS
Last name:		Last name:	LYDIATE		
Company (optional):	CUMBERLAND COUNCIL	Company (optional):	CUMBERLAND COUNCIL		
Unit:	House House suffix:	Unit:	House House suffix:		
House name:		House name:			
Address 1:	THE MARKET HALL	Address 1:	THE MA	ARKET HAL	L
Address 2:	MARKET PLACE	Address 2:	MARKE	T PLACE	
Address 3:		Address 3:			
Town:	WHITEHAVEN	Town:	WHITE	HAVEN	
County:	CUMBRIA	County:	CUMB	RIA	
Country:		Country:			
Postcode:	CA28 7JG	Postcode:	CA28 7.	IG]
		<u> </u>		Ve	ersion 2018.1

2 Trans I	anation)		
4. Otherwise	and at the address shown in Question 1, go to Question e, please provide the full address/location of the site ree(s) stand (including full postcode where available)	If 'No' please	whership ant the owner of the tree(s): Yes X No provide the address of the own and if different from the trees location)		
describe as o	House House number: Suffix: ADJACENT TO FURNACE HOUSE ADJACENT TO FURNACE HOUSE FURNACE COURT LECONFIELD STREET CLEATOR MOOR CUMBRIA CA25 5BX on is unclear or there is not a full postal address, either clearly as possible where it is (for example, 'Land to the 18 High Street' or 'Woodland adjoining Elm Road') or	Title:Last name:Company (optional):Unit:House name:Address 1:Address 2:Address 3:Town:County:	MRS First name: REBECCA TUNSTALL TUNSTALL House number: House suffix: Inumber: Suffix: FURNACE HOUSE FURNACE COURT LECONFIELD STREET CLEATOR MOOR CUMBRIA		
Provide and Description A NUM MAIN F FURNA OWNE AND A OF THE	Ordnance Survey grid reference: BER OF TREES LOCATED BETWEEN THE ROAD AND THE GARDEN WALL OF ACE HOUSE IN LAND OF UNKNOWN RSHIP. NUMBER OF TREES TO THE SOUTH EAST E FURNACE HOUSE GARDEN, WITHIN THE RSHIP OF THE OWNERS OF FURNACE	Country: Postcode: Telephone n Country cod Country cod Country cod Email addres	le: Mobile number (optional):		
5. What A	Are You Applying For?	6. Tree Pr	eservation Order Details		
Are you seeking consent for works to tree(s)			If you know which TPO protects the tree(s), enter its title or number below.		
	hing to carry out works to tree(s) Yes X No vation area?	LC-Ref 50 Date Confirmed: 15 Jul 1992 The Copeland Borough Council (Leconfield Street, Cleator Moor) Tree Preservation Order 1992.			

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.

The following Trees have been assessed by Cumberland Council's Arborist Team and assessed as follows;					
1. Ash, Poor Dangerous as it is de	ad. 2. Ash, Fair.	Ash, Poor Dangerous as it is dead.	Ash, Poor Dangerous as it is		
dead. 5. Ash, Poor. Ash dieback. I	Removal Recommended.	Ash, Poor. Ash dieback. Remo	val		
Recommended.	7. Ash, Poor. Ash die	eback. Removal Recommended.	8. Ash, Poor. Ash dieback. Remove		

9. Ash. Poor. Ash dieback. Removal Recommended.

Recommended. Group of 4 Recommended. Removal Recommended.

- 11. Ash. Poor. Ash dieback. Removal Recommended. 13. Ash, Poor. Ash dieback. Removal Recommended.
- 15. Ash, Poor. Ash dieback. Removal Recommended.
- 12. Ash. Poor. Ash dieback. Removal Recommended.
- 14. Ash, Poor. Ash dieback. Removal Recommended.
- 16. Ash, Poor. Ash dieback. Removal Recommended.

10. Ash. Poor. Ash dieback.

7. Identification Of Tree(s) And Description Of Works continued		
Based on the assessment of the trees by the arborists, we would like to fell all of the trees described ab	ove and shown	on the associated plan.
8. Trees - Additional Information		
Additional information may be attached to electronic communications or provided separat	tely in paper f	format.
For all trees	5	
A sketch plan clearly showing the position of trees listed in Question 7 must be provided when a 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 follow must be accompanied by the necessary evidence to support your proposals. (See guidance note		
 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. 	X Yes	🗌 No
 Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for: Subsidence 	Yes	X No
A report by an engineer or surveyor, to include a description of damage, vegetatic and repair proposals. Also a report from an arboriculturist to support the tree wor		data, soil, roots
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of da Decuments and plane (for any tree)	amage and po	ssible solutions.
Documents and plans (for any tree) Are you providing separate information (e.g. an additional schedule of work for Question 7)?	X Yes	No No
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.
Plan identifying the Trees associated in question 7.		
9. Authority Employee / Member		
	aving consider pect to the aut	red the facts, would
(b) an ele (c) relate	mber of staff ected member ed to a membe ed to an electer	r of staff
If Yes, please provide details of their name, role and how you are related to them.		
I am a member of Agency Staff within the Estates Team.		

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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	
 A sketch plan showing the location of all trees (see Question 8) 	X
For all trees (see Question 7) • Clear identification of the trees concerned	X
• A full and clear specification of the works to be carried out	X
For works to trees protected by a TPO (see Question 7)	
Have you:	
 stated reasons for the proposed works? 	X
 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 	X
 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

Email address (optional):

II. Deciarat	1011 - 11663					
information. I/w	oly for planning permission/consent we confirm that, to the best of my/ou ns of the person(s) giving them.	t as described in th ur knowledge, any	his form and the accompanying plans/drawings and / facts stated are true and accurate and any opinions	additional given are the		
Signed - Applicant:			Or signed - Agent:			
			T.Lydiate			
Date (DD/MM/	YYYY):					
06.02.2024	(This date must not be of sending or hand-del					
12. Applicar	nt Contact Details		13. Agent Contact Details			
Telephone numbers		Telephone numbers				
Country code:	National number:	Extension number:	Country code: National number:	Extension number:		
Country code:	Mobile number (optional):		Country code: Mobile number (optional):			
Country code:	Fax number (optional):		Country code: Fax number (optional):			

Email address (optional):