

North York Moors National Park Authority The Old Vicarage Bondgate Helmsley York YO62 5BP

Telephone: 01439 772700 Email: planning@northyorkmoors.org.uk Website: www.northyorkmoors.org.uk

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.

Applicant Name and Address		2. Agent Name and Address	
Title:	ML First name: PETER	Title: First name:	
Last name:	COLLINSON	Last name:	
Company (optional):		Company (optional):	
Unit:	House number: 3 House suffix:	Unit: House number: House suffix:	
House name:	BEECH HILL	House name:	
Address 1:	3 Main ROAD	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	AISLABY	Town:	
County:	NONTH YORKSHIRE	County:	
Country:	UK	Country:	
Postcode:	Y02115W	Postcode:	

3. Trees Locat	ion		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)	
Unit:	House number:	House suffix:	Title: MRS First name: MARY	
House name:			Last name: Horricastes Company (optional):	
Address 1:			House House	
Address 2:			House name: RIVER MEADON COTTACT	
Address 3:			Address 1: RESTH ROAD	
Town:			Address 2:	
County:			Address 3:	
Postcode (if known):			Town:	
	nclear or there is not a full p		County: Richmond	
rear of 12 to 18 Hig	as possible where it is (for e gh Street' or 'Woodland adjo		Country: North Yoursitand UK	
	nce Survey grid reference:		Postcode: D110 45 =	
Description:	***************************************		Tolophono numbero	
			Country code: National number: Extension number:	
			Country code: Mobile number (optional):	
			Country code: Fax number (optional):	
			Email address (optional):	
5. What Are Yo	ou Applying For?		6. Tree Preservation Order Details	
A	The second second second		If you know which TPO protects the tree(s), enter its title or number below.	
Are you seeking co subject to a TPO?	onsent for works to tree(s)	Yes No	DCIOW.	
Are you wishing to in a conservation a	o carry out works to tree(s) area?	Yes No		
Please Identify the necessary. You mig protected by a TPC your sketch plan (s Please provide the trees are protected planting replacements.	ght find it useful to contact a D, please number them as sh see guidance notes). following information belo I by a TPO you must also pro ent trees (including quantit	nd clear specification of an arborist (tree surged nown in the First Sched w: tree species (and the ovide reasons for the w y, species, position and	of the works you want to carry out. Continue on a separate sheet if on) for help with defining appropriate work. Where trees are dule 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 d size) or reasons for not wanting to replant. Replant with 1 standard ash in the same place.	
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To F.	need Rem	015 D	LITTO CAUSING Excessive	
34.	30120 772	O DIAGI	C 1 1 1 ("	

Section 1							
9. Authority Employee / Member With respect to the Authority, I am:							
(a) a member of staff (c) related to a member of star (b) an elected member (d) related to an elected member		Do any of these statements apply to you? Yes No					
If Yes, please provide details of the name, relationship and		bound					
(B) Buring THE PROPERTY	From Mas Horas	CASTLE					
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)						
For all trees (see Question 7)							
(see Question 7)Clear identification of the trees concerned							
 A full and clear specification of the works to be carr 							
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 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 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							
/we hereby apply for planning permission/consent as descrit	ped in this form and the accompanying plar	ns/drawings and additional					
nformation. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are genuine opinions of the person(s) giving them.							
Signed - Applicant:	Or signed - Agent:	Or signed - Agent:					
Date (DD/MM/YYYY): (This date must not be before the	. data						
12 4 2021 (This date must not be before the of sending or hand-delivery of the							
12. Applicant Contact Details	13. Agent Contact Details						
Fyte	nsion Telephone numbers	Telephone numbers Extension					
Country code: National number: num							
	O Service and a Makilla sussilian						
Country code: Mobile number (optional):	Country code: Mobile number	(optional):					
Country code: Fax number (optional):	Country code: Fax number (op:	tional):					
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)