

COUNCIL OF THE ISLES OF SCILLY Planning Department Town Hall, The Parade, St Mary's, Isles of Scilly, TR21 0LW 0 01720 424350 planning@scilly.gov.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.

1. Applicant Name and Address	2. Agent Name and Address
Title: MR First name: PHIL	Title: MR First name: MAT TUEW
Last name: SPENCE	Last name: ROGERS
Company (optional):	Company (optional):
Unit: House number: House suffix:	Unit: House House suffix:
House name: SOUTH HILL COTTAGE	House name: LUNNON FARM
Address 1: BRY HER	Address 1: 87 - MARYS
Address 2: ISLB OF SCILLY	Address 2: ISLES OF SCILLY
Address 3:	Address 3:
Town:	Town:
County: CORNNBU	County: CORNWAU
Country: U.K.	Country: U, K.
Postcode: TR23 OPR	Postcode: TR21 ONZ

3. Trees Location If all trees stànd 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)			4. Trees Ownership 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	number:	suffix:		Last name:		
name: Address 1:				(optional):	House	House
Address 2:				Unit:	number:	suffix:
Address 3:				name:		
Town:				Address 1:		
				Address 2:		
County: Postcode				Address 3:		
(if known):				Town:		
describe as clearl rear of 12 to 18 H	unclear or there is not a y as possible where it is ligh Street" or "Woodlan ance Survey grid refere	(for example, 'L d adjoining Elm	and to the	County:		
Description:				Postcode:		
				Telephone nu Country code		Extension
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1 1				Country code	Fax number (optional)	
				Email address	s (optional):	
				protesting the second for the second	entration and entrate	
5. What Are V	ou Applying For?		==	6 Tree Pro	servation Order Deta	ails
J. Wildt Ale	ou Applying For.				hich TPO protects the tree	
Are you seeking subject to a TPO	consent for works to to	ree(s) Yes	⊘ No	below.	***************************************	
Are you wishing in a conservation	to carry out works to tr n area?	ee(s) 🔽 Yes	□ No			
Please identify the necessary. You me protected by a Tillyour sketch plan Please provide the trees are protect planting replaces	night find it useful to co PO, please number the (see guidance notes). ne following informatio ed by a TPO you must a ment trees (including o	full and clear sp intact an arboris m as shown in the in below: tree sp also provide reas quantity, species,	pecification o at (tree surgeone First Sched pecies (and the sons for the w position and	on) for help with dule to the TPO v he number used work and, where d size) or reasons	want to carry out. Continu- defining appropriate work where this is available. Use on the sketch plan) and de trees are being felled, plea s for not wanting to replant andard ash in the same place	c, Where trees are the same numbers on escription of works. Wher se give your proposals fo t.
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SHRUGS HERE		AND AND MADE AND
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9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (d) related to a member of staff (b) an elected member (d) related to an elected member If Yes, please provide details of the name, relationship and role	Do any of these statements apply to you? ☐ Yes			
10. Application For Tree Works - Checklist				
make sure that this form has been completed correctly and that a	n (Question 8) is required. Please use the guidance and this checklist to all relevant information is submitted. Please note that failure to cation being rejected or delayed. You do not need to fill out this section,			
Sketch Plan	and the same of th			
 A sketch plan showing the location of all trees (see Ques 	stion 8)			
For all trees (see Question 7) • Clear identification of the trees concerned	₫ .			
 A full and clear specification of the works to be carried or 	out 🗹			
For works to trees protected by a TPO (see Question 7)	65°-93			
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				
11. Declaration - Trees I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, a genuine opinions of the person(s) giving them. Signed - Applicant: Date (DD/MM/YYYY): 13/3/2017 (This date must not be before the date of sending or hand-delivery of the form	or signed - Agent: Or signed - Agent:			
12. Applicant Contact Details	13. Agent Contact Details			
Telephone numbers Country code: National number: Extension number:	Telephone numbers Extension			
Country code: Mobile number (optional):	Country code: Mobile number (optional):			
	0044 7733336933			
Country code: Fax number (optional):	Country code: Fax number (optional):			
Email address (optional):	Email address (optional):			
	matthewstidefordropens/Photmail.com			

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)