

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

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: SOURBY	Title: MR First name: MATTUEW				
Last name: MISHRA	Last name: Roages				
Company (optional):	Company (optional):				
Unit: House number: House suffix:	Unit: House House number: suffix:				
House name: GUNNER ROCK	House name: LUNNON FARM				
Address 1: TACKSON'S HILL	Address 1: 87. MAZYS				
Address 2: ST. MARYS	Address 2:				
Address 3:	Address 3:				
Town: ISLE OF SCILLY	Town: ISLES of SCILLY				
County: CORNWALL	County: COICN WALL				
Country: UK	Country: UK				
Postcode: TRY OJZ	Postcode: TRU ONZ				

Is the applicant the owner of the tree(s):		cation		4. Trees Ov	vnershin	
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If Yes, please provide details of the name, relationship and role	note that failure	to
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 included all other information listed in Question 8? 		
11. Declaration - Trees I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/dra information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and an genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent:	wings and addit y opinions giver	tional n are the
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 Extension		Extension
Country code: National number: Country code: National number: National number:		number:
Country code: Mobile number (optional): Country code: Mobile number (optional)	onal):	
Country code: Fax number (optional): Country code: Fax number (optional)	l):	
Email address (optional):		•

(Please see guidance notes)