FORM A

Leicestershire County Council

TOWN & COUNTRY PLANNING ACT 1990
APPLICATION FOR CONSENT TO CARRY OUT WORK ON TREE(S) PROTECTED BY A COUNTY COUNCIL TREE PRESERVATION ORDER

Before completing this form please read the accompanying notes on page 3 and 4

For official use only
Application no.

Date received

DEVELOPMENT SERVICES
17 JUL 2003
RECEIVED

1) APPLICANT'S DETAILS	
Name of Applicant: SALLY HAMMERSLEY	Name of Applicant's Agent *(if applicable)*: EDGE TREE CARE
Address: 1 MANOR GARDENS DESFORD	Address: 16 GREENHILL RD COALVILLE
Daytime Telephone number: 01455 822476	Telephone number: 01530 817220
Email:	Email: JOHN@EDGETREECARE.COM

2) THE TREE PRESERVATION ORDER

I wish to apply to the Council for consent to carry out work on a tree(s) protected by a County Tree Preservation Order.

Title of tree preservation order: *(If known):* Leicestershire County Council

MANOR GARDENS

3) THE TREES AND THE APPLICANT'S INTEREST IN THEM

Give the address of the land on which the tree(s) stand *(if different from the applicant's address given in 1 above)*

Is the applicant the owner of the land? YES/~~NO~~ *(delete as appropriate)*

If NO, state the applicant's interest in the land *(e.g. Occupier, tenant, none etc.)*

4) THE APPLICATION

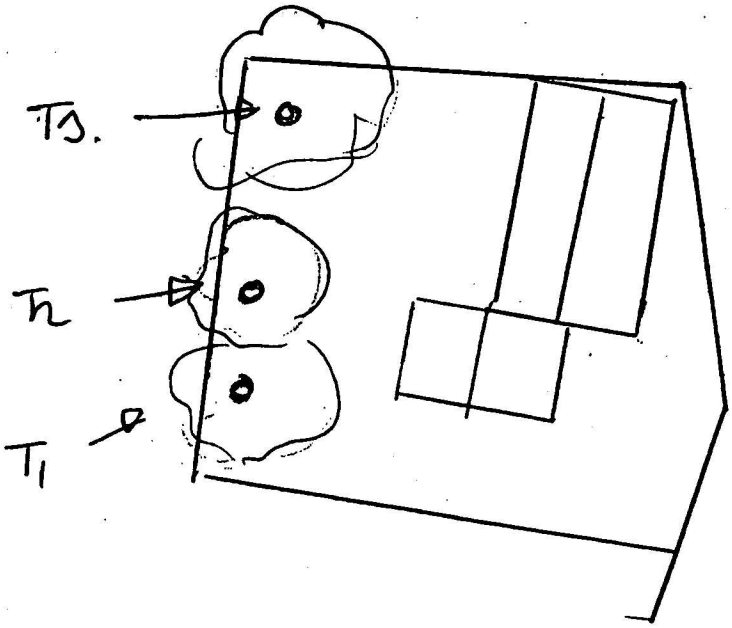
Please describe the proposed works to the tree(s) by completing the table below. If the works include felling of tree(s) state in the PROPOSED WORKS if you intend to plant a replacement tree(s).

TYPE OF TREE(S)	NO.	PROPOSED WORKS	REASONS FOR THE WORK
SYCAMORE	1	REDUCE BY 25%	TO KEEP UNDER CONTROL.
SYCAMORE	2	— " —	
LIME	3	— " — . RAISE 4M.	

DEVELOPMENT SERVICES
17 JUL 2008
RECEIVED

5) PLAN

In the space below, please provide a sketch plan or street plan showing the location of the tree(s) in relation to the surrounding property:



Please sign and date your application and send your completed form to your District Council

Signed:
On behalf of SAM HAMMOND
(insert applicant's name if signed by Agent)
Date: 14/7/8.

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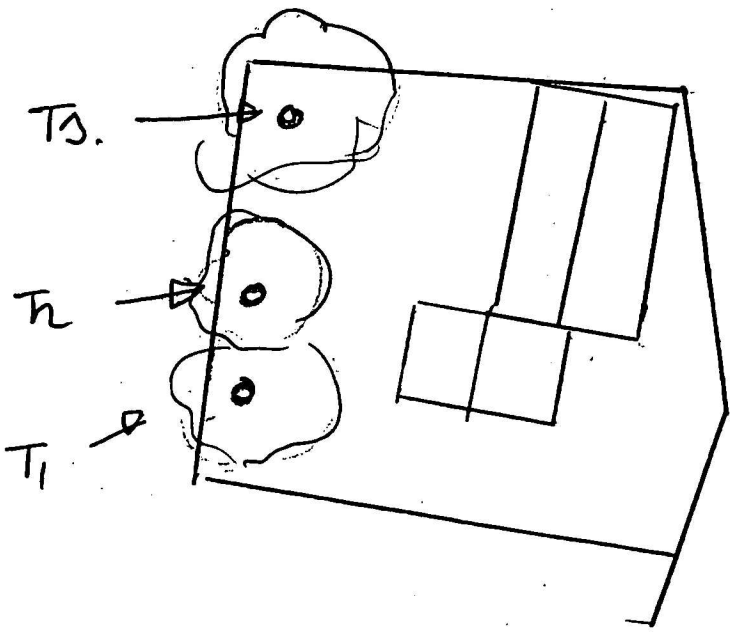
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