Application for hedgerow removal notice.

The Environment Act 1995.

The Hedgerows Regulations 1997

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.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applica	ant Name and Address	2. Agent Name and Address		
Title:	First name:	Title: First name:		
Last name:		Last name:		
Company (optional):		Company (optional):		
Unit:	House number: House suffix:	Unit: House number: House suffix:		
House name:		House name:		
Address 1:		Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:		Town:		
County:		County:		
Country:		Country:		
Postcode:		Postcode:		

3. Site Address Details				-application Advice	
Please provide the full postal address of the application site.				stance or prior advice bee	n sought from the local
Unit:	House number:	House suffix:		ty about this application?	Yes No
House name:		Sum.			ing information about the advice authority to deal with this
Address 1:				tion more efficiently). ick if the full contact detai	ls are not
Address 2:				and then complete as mu	
Address 3:			Officer	name:	
Town:					
County:			Referer	ice:	
Postcode (optional): Description of I	ocation or a grid reference.		(must b	Date (DD/MM/Y e pre-application submiss	
	leted if postcode is not know		_ Details	of pre-application advice	received?
Easting: Description:	Northing	3 :	⅃ ┃┃		
5 Hedgerov	w Removal Notice				
_	e reasons for the proposed r	emoval of hedgerow(s	١٠		
Ticase state tric	reasons for the proposed is	emoval of fleagerow(3	y·		
Please state th removed:	ie reference number of the p	olan(s) to be submitted	d with this app	olication showing the stre	tch(es) of hedgerow(s) to be
Terrioved.					
1.			5.		
2.			6.		
3.			7.		
4.			8.		
Please confirm	the length of the hedgerow	to be removed:			
Please state if th	ne hedgerow to be removed	l is less than 30 years o	ld:	Yes	No
If Yes, is evidend	ce of the date of planting att	tached:		Yes	No
	he following questions (one		es'):		_
I am/we are the OR	owner(s) of the freehold of	the land concerned:		Yes	No
	tenant(s) of the agricultural	holding concerned:		Yes	☐ No
I am/we are the tenant(s) under the farm business tenancy concerned OR				Yes	☐ No
	utility operator concerned:			Yes	No

6. Planning Application Requirements - Checklist							
Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.							
The original and 3 copies of a completed and dated application form	: The correct fee:						
The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:							
7. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.							
Signed - Applicant:	Or signed - Agent:						
Date (DD/MM/YYYY):							
(date cannot be pre-application)							
8. Applicant Contact Details	9. 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):	Email address (optional):						
10. Site Visit							
Can the site be seen from a public road, public footpath, bridleway or	r other public land? Yes No						
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) Agent Applicant Other (if diffigure agent/application)							
If Other has been selected, please provide:							
Contact name:	Telephone number:						

Email address: