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. Applicant 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 E	Details			e-application Advice	
Please provide the fu	II postal address of the	application site.		sistance or prior advice bee	n sought from the local
Unit:	House number:	House suffix:	author	ity about this application?	Yes No
House name:	TIGITIDOT.	Suma.			ing information about the advice authority to deal with this
Address 1:				ition more efficiently). tick if the full contact detail	ls are not
Address 2:				, and then complete as mu	
Address 3:			Officer	name:	
Town:			Defense		
County:			Refere	nce:	
Postcode (optional): Description of location (must be completed)	on or a grid reference. if postcode is not know	vo):	(must t	Date (DD/MM/Y) ne pre-application submissi	
			Details	s of pre-application advice	received?
Easting: Description:	Northing	J	- 		
5. Hedgerow Rei	moval Notice				
•	ons for the proposed re	emoval of hedgerow(s)			
ricase state the reason	sharor the proposed re	inovar of fleagerow(3)	•		
Please state the reference removed:	rence number of the p	lan(s) to be submitted	with this ap	plication showing the stret	ch(es) of hedgerow(s) to be
1.			5.		
2.			6.		
2			7		
3.			7.		
4.			8.		
Please confirm the le	ngth of the hedgerow t	to be removed:			
Please state if the hec	dgerow to be removed	is less than 30 years ol	d:	Yes	No
If Yes, is evidence of t	he date of planting atta	ached:		Yes	No
	lowing questions (one		s'):		_
I am/we are the owner OR	er(s) of the freehold of t	he land concerned:		Yes	No
	nt(s) of the agricultural	holding concerned:		Yes	☐ No
	nt(s) under the farm bus	siness tenancy concerr	ned:	Yes	☐ No
	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 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 different from the agent/applicant's details)						
If Other has been selected, please provide:	5 ,					
Contact name:	Telephone number:					

Email address: