

Wokingham Borough Council Planning Services PO Box 157, Civic Offices, Shute End Wokingham, Berkshire RG40 1WR

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Application for hedgerow removal notice.

The Environment Act 1995.

The Hedgerows Regulations 1997

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. Applic | 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. | | | Has assistance or prior advice been sought from the local authority about this application? | | | |
| Unit: | House number: | House suffix: | authority | about this application? | Yes | No |
| House name: | | | | | ing information about the adeauthority to deal with this | lvice |
| Address 1: | | | | on more efficiently). k if the full contact detail | ls aro not | |
| Address 2: | | | | nd then complete as mu | | |
| Address 3: | | | Officer n | ame: | | |
| Town: | | | | | | |
| County: | | | Reference | :e: | | |
| Postcode (optional): Description of le (must be complete) | ocation or a grid reference. leted if postcode is not kno | wn): | 11, | Date (DD/MM/Y) pre-application submissi | on) | |
| Easting: | Northin | | — Details o | f pre-application advice | received? | |
| Description: | | 3 | - | | | |
| | | | | | | |
| 5 Hedgerov | v Removal Notice | | | | | = |
| _ | e reasons for the proposed r | emoval of hedgerows | :). | | | |
| ricase state trie | reasons for the proposed i | emoval of fiedgerow(s | 3). | | | |
| | | | | | | |
| | | | | | | |
| Please state th removed: | e reference number of the | plan(s) to be submitted | d with this appl | ication showing the stret | ch(es) of hedgerow(s) to be | |
| | | | | | | |
| 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 | d is less than 30 years o | old: | Yes | ☐ No | |
| | ce of the date of planting at | | | Yes | No | |
| | he following questions (one | | es'): | | | |
| I am/we are the OR | owner(s) of the freehold of | trie land concerned: | | Yes | No | |
| I am/we are the tenant(s) of the agricultural holding concerned: OR | | | | Yes | No | |
| | tenant(s) under the farm bu | usiness tenancy conce | rned: | 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. | | | | | | | | |
| 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: | Extension Country code: National number: number: | | | | | | | |
| | | | | | | | | |
| Country code: Mobile number (optional): | Country code: Mobile number (optional): | | | | | | | |
| Country code: Fax number (optional): | Country code: Fax number (optional): | | | | | | | |
| Tax number (optional). | Tax Humber (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: | | | | | | | | |
| Contact name: | Telephone number: | | | | | | | |
| | | | | | | | | |

Email address: