



Planning Services Unit, Craven District Council,
Council Offices, Granville Street,
Skipton, North Yorkshire BD23 1PS

Telephone: 01756 706470 Fax: 01756 700658

Website: www.cravenc.gov.uk
Email : planning@cravenc.gov.uk

For Office Use Only

Application Number.....

Date Received.....

Case Officer.....

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. Applicant Name and Address

| | | | |
|---------------------|----------------------|---------------|----------------------|
| Title: | <input type="text"/> | First name: | <input type="text"/> |
| Last name: | <input type="text"/> | | |
| Company (optional): | <input type="text"/> | | |
| Unit: | <input type="text"/> | House number: | <input type="text"/> |
| | | House suffix: | <input type="text"/> |
| House name: | <input type="text"/> | | |
| Address 1: | <input type="text"/> | | |
| Address 2: | <input type="text"/> | | |
| Address 3: | <input type="text"/> | | |
| Town: | <input type="text"/> | | |
| County: | <input type="text"/> | | |
| Country: | <input type="text"/> | | |
| Postcode: | <input type="text"/> | | |

2. Agent Name and Address

| | | | |
|---------------------|----------------------|---------------|----------------------|
| Title: | <input type="text"/> | First name: | <input type="text"/> |
| Last name: | <input type="text"/> | | |
| Company (optional): | <input type="text"/> | | |
| Unit: | <input type="text"/> | House number: | <input type="text"/> |
| | | House suffix: | <input type="text"/> |
| House name: | <input type="text"/> | | |
| Address 1: | <input type="text"/> | | |
| Address 2: | <input type="text"/> | | |
| Address 3: | <input type="text"/> | | |
| Town: | <input type="text"/> | | |
| County: | <input type="text"/> | | |
| Country: | <input type="text"/> | | |
| Postcode: | <input type="text"/> | | |

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name:

Reference:

Date (DD/MM/YYYY): (must be pre-application submission)

Details of pre-application advice received?

5. Hedgerow Removal Notice

Please state the reasons for the proposed removal of hedgerow(s):

Please state the reference number of the plan(s) to be submitted with this application showing the stretch(es) of hedgerow(s) to be removed:

| | | | |
|----|--|----|--|
| 1. | | 5. | |
| 2. | | 6. | |
| 3. | | 7. | |
| 4. | | 8. | |

Please confirm the length of the hedgerow to be removed:

Please state if the hedgerow to be removed is less than 30 years old: Yes No

If Yes, is evidence of the date of planting attached: Yes No

Please answer the following questions (one must be answered 'Yes'):
I am/we are the owner(s) of the freehold of the land concerned: Yes No

OR
I am/we are the tenant(s) of the agricultural holding concerned: Yes No

OR
I am/we are the tenant(s) under the farm business tenancy concerned: Yes No

OR
I am/act for the 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

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

9. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (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: