

Estate Management Consent Form

a) Applicant (Owner or Lessee) Name: <input type="text" value="Carol Steward"/> Is the applicant a Councillor, member of staff or related to either? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: <input type="text" value="Tree Fella Ltd
Stewards
Yard
Wakering Rd
Shoeburyness
Essex SS3
9TR"/> Postcode: <input type="text" value="SS3 9TR"/> Telephone no: <input type="text"/> Mobile no: <input type="text"/> Email: <input type="text"/>	b) Agent (if any) Name: <input type="text" value="Tree Fella Ltd"/> Address: <input type="text"/> Postcode: <input type="text"/> Telephone no: <input type="text"/> Mobile no: <input type="text"/> Email: <input type="text"/>
c) Site Address: <input type="text" value="14 Rooks Hill, Welwyn Garden City, AL8 6ET"/>	
d) Description of Proposal	<input type="text" value="Boundary of 14/16 Rooks Hill and Notting Hill Genesis Housing Association Land Rear of Stanborough Rd
AL8 6XB"/>
e) Have the works already been carried out or started?	<input type="text" value="NO"/>
f) Has assistance or prior advice been sought from the Council regarding this application?	<input type="text" value="NO"/>
Officer	<input type="text"/>
Date	<input type="text" value="N/A"/>
g) The site is:	<input type="text" value="Freehold"/>
If Leasehold enter the date of the Lease:	<input type="text" value="N/A"/>
Submitted date:	<input type="text" value="07/10/2020 03:17:35"/>