

Estate Management Consent Form

a) Applicant (Owner or Lessee)	b) Agent (if any)
Name: <input type="text" value="David Lyness"/>	Name: <input type="text" value="Evoke Tree Services"/>
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="15 Great Ganett, Welwyn Garden City, AL7 3DA"/>
Address: <input type="text" value="25 Rooks Hill, Welwyn Garden City, AL8 6EU"/>	Postcode: <input type="text"/>
Postcode: <input type="text" value="AL8 6EU"/>	Telephone no: <input type="text"/>
Telephone no: <input type="text"/>	Mobile no: <input type="text"/>
Mobile no: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	

c) Site Address:	<input type="text" value="25 Rooks Hill, Welwyn Garden City, AL8 6EU"/>
d) Description of Proposal	<input type="text" value="1 x Cherry to reduce by approximately 2.5m height & 1.5m width. Lift to 4m above ground level. Client wishes to reduce the tree back to its previous size 3-4 years back."/>
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="14/2/2022 03:22:07"/>