

Estate Management Consent Form

a) Applicant (Owner or Lessee) Name: <input type="text" value="Karen Rothery"/> 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="13 Sherrardspark Road, Welwyn Garden City, AL8 7JW"/> Postcode: <input type="text" value="AL8 7JW"/> Telephone no: <input type="text"/> Mobile no: <input type="text"/> Email: <input type="text"/>	b) Agent (if any) Name: <input type="text"/> 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="13 Sherrardspark Road, Welwyn Garden City, AL8 7JW"/> d) Description of Proposal <input type="text" value="Urgent felling of 1 hornbeam on tree surgeon's advice due to disease. Inspected by Ashley Gray, 9 March 2022. Additional works - reduce 4 x leylandii and 1 holly by 30%."/> 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="Leasehold"/> If Leasehold enter the date of the Lease: <input type="text" value="N/A"/> Submitted date: <input type="text" value="09/3/2022 02:34:58"/>	