

Estate Management Consent Form

a) Applicant (Owner or Lessee) Name: <input type="text" value="Mrs Ann Dickens"/> 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="3 Roundwood Drive, Welwyn Garden City, AL8 7JZ"/> Postcode: <input type="text" value="AL8 7JZ"/> Telephone no: <input type="text"/> Mobile no: <input type="text"/> Email: <input type="text"/>	b) Agent (if any) Name: <input type="text" value="Allison Sparrow"/> Address: <input type="text" value="APA Contract Services Ltd t/a Arborcare Unit N, Shangri-la Farm Todds Green Stevenage SG1 2JE"/> 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="3 Roundwood Drive, Welwyn Garden City, AL8 7JZ"/>
d) Description of Proposal	<input type="text" value="T1 - Oak - fell - dead tree
T2 - Hawthorn - fell - dead tree
T3 - Wild Cherry - fell"/>
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="15/9/2022 02:01:11"/>