

Estate Management Consent Form

a) Applicant (Owner or Lessee) Name: <input type="text" value="Susie Mitchell"/> 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 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" value="Evoke Tree Services Ltd"/> Address: <input type="text" value="15 Great Ganett, Welwyn Garden City, AL7 3DA"/> 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="15 Sherrardspark Road, Welwyn Garden City, AL8 7JW"/>	
d) Description of Proposal	<input type="text" value="T1 1 x Oak to dismantle in sections to ground level using specialist rigging techniques, lowering branches to the ground in a safe manner
T2 1 x Oak to reduce by approximately 3m in height and 3m in width
Had to send reasons via email as too long for this form, please add to the application"/>
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="16/1/2023 10:28:40"/>