

Estate Management Consent Form

a) Applicant (Owner or Lessee) Name: <input type="text" value="Ruth Luxford"/> Is the applicant a Councillor, member of staff or related to either? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Address: <input type="text" value="5 Densley Close, Welwyn Garden City, AL8 7JX"/> Postcode: <input type="text" value="AL8 7 JX"/> 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="5 Densley Close, Welwyn Garden City, AL8 7JX"/>
d) Description of Proposal	<input type="text" value="Removal of dead tree in rear garden."/>
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="02/6/2023 11:57:44"/>