



Walsall Council

Walsall Council
Planning and Building Control
Development Management
Zone 2B
The Civic Centre
Darwall Street
Walsall
WS1 1DG

Development Management

Email: treepreservation@walsall.gov.uk
Web: go.walsall.gov.uk/tree_preservation

TREE PRE-APPLICATION ADVICE FORM

ABOUT YOU

Contact Name:

Company Name:

Address:

Email address:

Telephone
Number:

LOCATION OF THE TREE

Property address

OR

Location:

PROPOSED TREE WORKS

Please give a brief description of the work you intend to carry out.

REQUIRED DOCUMENTS

Location Plan

Attached

- * Scale shown on the plan OR drawn to a metric scale
- * Tree location outlined in RED
- * Show the direction of NORTH

You can buy a location plan from one of the Planning Portal's approved suppliers.

https://www.planningportal.co.uk/homepage/4/buy_a_plan

TYPE OF PRE-APPLICATION ADVICE

I would like to apply for written pre-application advice. I confirm the fee of £300 has been paid.

I would like to apply for written pre-application advice and 1 meeting with a tree officer. I confirm the fee of £540 has been paid.

Data protection

All personal information provided to Walsall Council will be handled in line with our obligations under data protection law. We will ensure your information is handled securely and confidentially whilst complying with all of our statutory and legal obligations. Full details of how we use your information can be found by using the privacy link on our website go.walsall.gov.uk/privacy_statement

Declaration

The advice provided is an officer's opinion only, is based on the information provided and the information available to the Council at this time, and does not prejudice the determination of any future application by the Council. The guidance does not override any restrictive covenants that may be attached to the land; you may wish to refer to your deeds for this information.

By completing this form you are confirming to the best of your knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed:

Date:

SUBMIT THE COMPLETED FORM AND REQUIRED DOCUMENTS