

Application for hedgerow removal notice.  
The Environment Act 1995.  
The Hedgerows Regulations 1997

### Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

### Local Planning Authority details:



Planning Services  
P O Box 4, HR4 0XH



[herefordshire.gov.uk](http://herefordshire.gov.uk)

### Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

#### 1. Applicant Name and Address

Title:	<input type="text" value="Mr"/>	First name:	<input type="text" value="Toby"/>		
Last name:	<input type="text" value="Potter"/>				
Company (optional):	<input type="text" value="Balfour Beatty Living Places"/>				
Unit:	<input type="text" value="3"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	<input type="text" value="Thorn Business Park"/>				
Address 2:	<input type="text" value="Rotherwas"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text" value="Hereford"/>				
County:	<input type="text" value="Herefordshire"/>				
Country:	<input type="text" value="England"/>				
Postcode:	<input type="text" value="HR26JT"/>				

#### 2. Agent Name and Address

Title:	<input type="text"/>	First name:	<input type="text"/>		
Last name:	<input type="text"/>				
Company (optional):	<input type="text"/>				
Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	<input type="text"/>				
Address 2:	<input type="text"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text"/>				
County:	<input type="text"/>				
Country:	<input type="text"/>				
Postcode:	<input type="text"/>				

### 3. Site Address Details

Please provide the full postal address of the application site.

Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	<input type="text" value="Mill Lane"/>				
Address 2:	<input type="text" value="Little Cowarne"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text" value="Hereford"/>				
County:	<input type="text" value="Herefordshire"/>				
Postcode (optional):	<input type="text" value="HR7 4RG"/>				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:	<input type="text" value="361113"/>	Northing:	<input type="text" value="250599"/>		
Description:					
<input type="text"/>					

### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☒ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Reference:

Date (DD/MM/YYYY):  
(must be pre-application submission)

Details of pre-application advice received?

### 5. Hedgerow Removal Notice

Please state the reasons for the proposed removal of hedgerow(s):

Removal of 140m Hedgerow to allow reinstatement of track

Please state the reference number of the plan(s) to be submitted with this application showing the stretch(es) of hedgerow(s) to be removed:

1.	70085344-WSP-HSC-MI-DR-CH-0020	5.	
2.		6.	
3.		7.	
4.		8.	

Please confirm the length of the hedgerow to be removed:

140M

Please state if the hedgerow to be removed is less than 30 years old:

☐ Yes ☒ No

If Yes, is evidence of the date of planting attached:

☐ Yes ☐ No

Please answer the following questions (one must be answered 'Yes'):

I am/we are the owner(s) of the freehold of the land concerned:

☐ Yes ☐ No

OR

I am/we are the tenant(s) of the agricultural holding concerned:

☐ Yes ☐ No

OR

I am/we are the tenant(s) under the farm business tenancy concerned:

☐ Yes ☐ No

OR

I am/act for the utility operator concerned:

☒ Yes ☐ No

## 6. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.

The original and 3 copies\* of a completed and dated application form: ☒

The correct fee: ☒

The original and 3 copies\* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: ☒

\*National

## 7. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:



Date (DD/MM/YYYY):

21/06/2022

(date cannot be pre-application)

## 8. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):



Country code: Fax number (optional):

Email address (optional):



## 9. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

## 10. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☒ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? *(Please select only one)*

☐ Agent

☒ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: