North area: Development Services, Wiltshire Council, Monkton Park, Chippenham, SN15 1ER
01249 706444 Email: developmentmanagementnorth@wiltshire.gov.uk

East area: Development Services, County Hall, Bythesea Road, Trowbridge. BA14 8JN
01225 770344 Email: developmentmanagementeast@wiltshire.gov.uk

South area: Development Services, Wiltshire Council, PO Box 2281, Salisbury, SP2 2HX
01722 434541 Email: developmentmanagementsouth@wiltshire.gov.uk

West area: Development Services, County Hall, Bythesea Road, Trowbridge. BA14 8JN
01225 770344 Email: developmentmanagementwest@wiltshire.gov.uk

Wiltshire Council
Where everybody matters

Application for hedgerow removal notice.

The Environment Act 1995.

The Hedgerows Regulations 1997

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	MS	First name:	SALLY-ANN		
Last name:	VESEY-THOMPSON				
Company (optional):	KENNET AND AVON MEDICAL P'SHIP				
Unit:		House number:		House suffix:	
House name:	MARLBOROUGH SURGERY				
Address 1:	GEORGE LANE				
Address 2:					
Address 3:					
Town:	MARLBOROUGH				
County:	WILTSHIRE				
Country:	U.K.				
Postcode:	SN8 4BY				

2. Agent Name and Address

Title:		First name:			
Last name:					
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	Same as detailed at 1.				
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Postcode (optional):	SN8 4BY				

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

HEDGEROW - CALANDIA NEEDS REMOVING AS IT HAS DIED.

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):

THE HEDGE HAS BEEN STRANGLED BY IVY AND HAS DIED BADLY FROM NEIGHBOURING PROPERTY NEEDS MAINTAINING.

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.	Hedge.JPG	5.	
2.	LOCATION PLAN. Hedge Planning Portal	6.	
3.		7.	
4.		8.	

Please confirm the length of the hedgerow to be removed: ca. 20M.

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 has been submitted.

The original and 3 copies of a completed and dated application form: ☐

The correct fee: ☑

£0.

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: ☐

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 [redacted]

Or signed - Agent:

Date (DD/MM/YYYY): 21/12/23 (date cannot be pre-application)

8. Applicant Contact Details

Telephone numbers

[redacted]

Extension number:

9. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

ntry code: Mobile number (optional):

ntry code: Fax number (optional):

il 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:

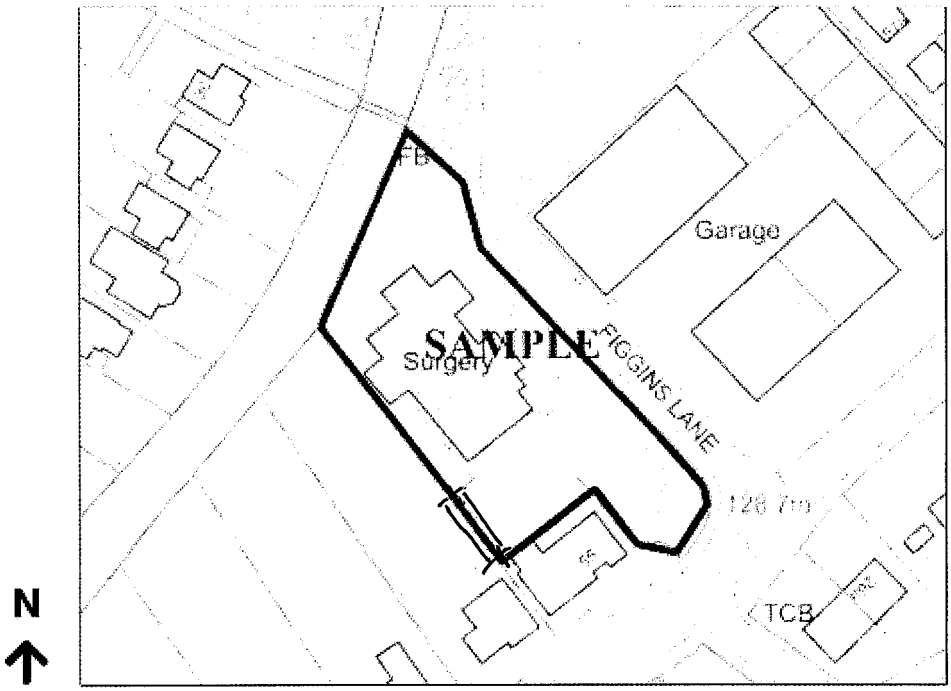
Contact name: Telephone number:

Email address:

Location Plan

Site Address: **The Marlborough Medical Practice, George Lane, Marlborough, SN8 4BY**

Date Produced: **30-Nov-2023**



Planning Portal Reference: **PP-12643651v1**

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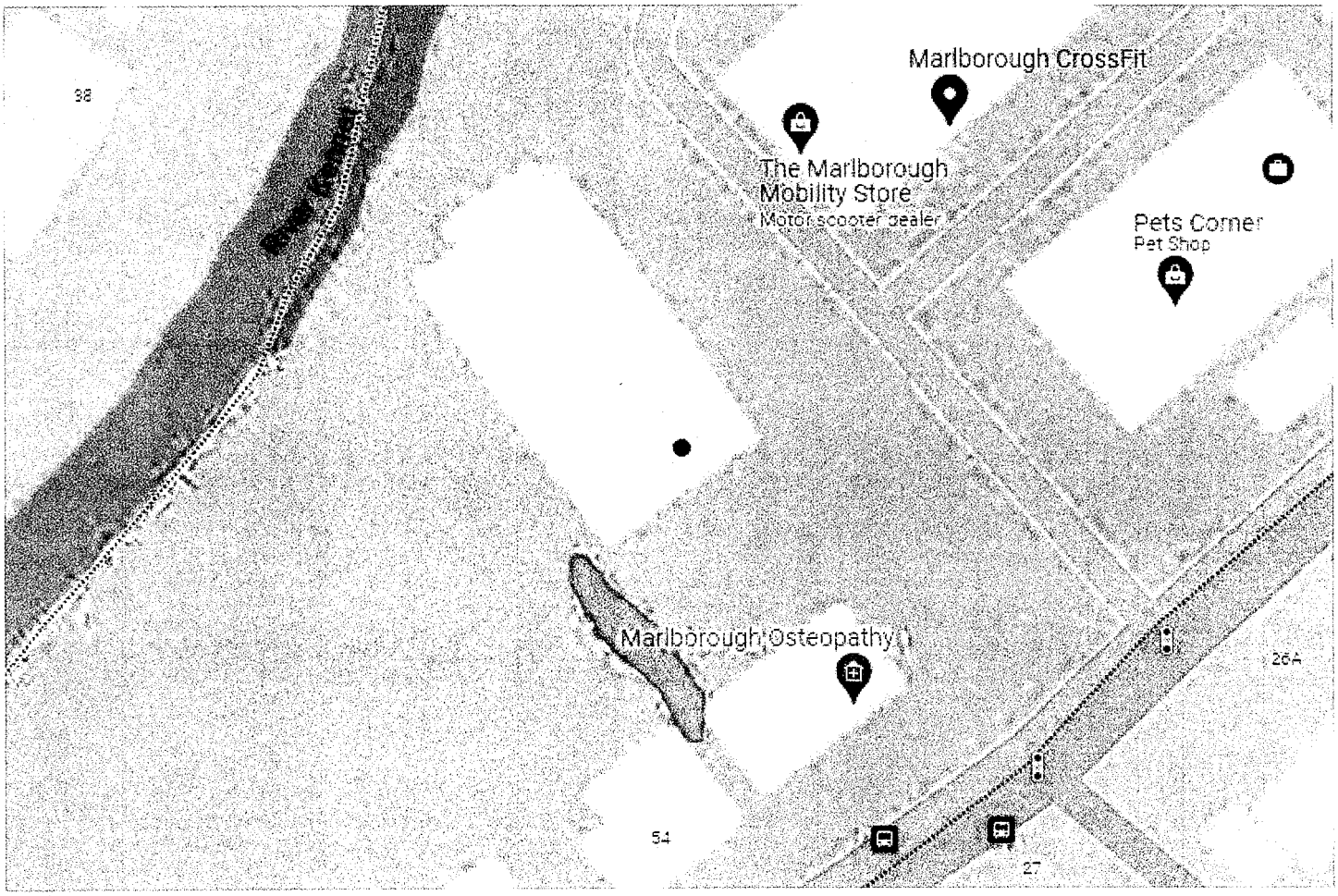
Marlborough CrossFit
The Marlborough Mobility Store
Motor scooter dealer
Pets Corner
Pet Shop
Marlborough Osteopathy
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