

FEES: HIGH HEDGES

For the service of adjudicating a complaint made under the Anti-Social Behavior Act 2003 Part 8 – High Hedges

The Council is able to deal with complaints about problem high hedges where neighbours are unable to agree a solution. The Act allows local authorities to charge a fee for the service of adjudicating a high hedge dispute between neighbours. The basic fee is set at **£450** which is payable by the complainant. The complainant will not be able to claim the fee back from the hedge owner. The Council does offer, however, a system of refunds and a scheme of discounts where appropriate, which are outlined below.

Cheques or BACS payments must be made payable to “Lewes District Council” with the reference 'FAO Planning High Hedge' sent in with a completed High Hedge Complaint Form. Please note on the form if payment has been made by cheque or by BACS. Cash will not be accepted and will be returned. We do have the facilities to process credit card transactions.

Our bank details for Lewes District Council are:

Lloyds Bank

Sort Code: 30-80-12

Account: 10298260

Postal address:

High Hedge Complaint

FAO Planning

Town Hall

Grove Road

Eastbourne

BN21 4UG

System of refunds

A system of refunds is offered to encourage landowners and complainants to continue negotiation after a complaint has been made. Put simply, if the complaint is withdrawn, a refund can be offered to reflect the saved cost of the work that will not be undertaken. The earlier the complaint is withdrawn, the higher the refund.

Stage in complaints process	refund %	Refund £	fee paid £
Complaint withdrawn before Council sends letters to landowner	75%	337.50	112.50
Complaint withdrawn within 28 days of despatch of initial letters by the Council	25%	112.50	337.50
Complaint withdrawn at any time after 28 days from despatch of initial letters but before decision letter sent	10%	45.00	405.00
Complaint withdrawn after decision letter sent	Nil	Nil	450.00

Scheme of Discounts

It is acknowledged that the cost of making a formal complaint may be beyond the means of those on low incomes. We are able to offer a discount (a maximum of 50% is allowed) where the complainant (and members of his/her household where appropriate) are in receipt of a means tested benefit. The onus will be on the complainant to produce evidence in support of this entitlement and to sign the waiver overleaf to enable us to verify your claim with another department in the Council. If we are unable to verify that you are on recognised means tested benefits we will not be able to offer you a discount and you will have to pay the full amount.

Please complete the form overleaf and return with the relevant fee and completed high hedge complaint form.

**This leaflet can be made available in other formats
or in another language upon request.
Please telephone 01323 410000 or email
customerfirst@lewes-eastbourne.gov.uk**

Application Form for 50% Discount

Please tick boxes where appropriate.

1. Please give the following details: -

Name

Address

Telephone No. (daytime)

Telephone No. (mobile)

National Insurance Number

2. Confirm the property's current Council Tax Band

3. Are you or your partner (*that is, your husband or wife or a person of the opposite sex who lives with you as your husband or wife*) in receipt of: -

	You		Partner	
Income Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Working Tax Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Council Tax Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Guaranteed Pension Credit (You may be asked to supply a breakdown of your pension credit)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DECLARATION (to be signed by the applicant)

I declare that I am eligible to claim and that the details I have provided are correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

AUTHORISATION (to be signed by the person in receipt of benefit)

I authorise Lewes District Council's Benefit Section to confirm, on request by the Council, that I now receive the benefit I have indicated in Part 1 above. In signing I also acknowledge that the information I have provided may be used for the Council's business purposes.

Signature: _____ Date: _____

Print Name: _____