

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ Email (enquiries only): planning@camden.gov.uk

Telephone Fax : 020 7974 4444 : 020 7974 1680 For office use Date

Date Payee App. No.

Fee

Application for tree works: works to trees subject to a tree preservation order (TPO) and/or notification of proposed works to trees in a conservation area.

Town and Country Planning Act 1990

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.

You must use this form if you are applying for work to trees protected by a tree preservation order (TPO). (You may also use it to give notice of works to trees in a conservation area).

It is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your application / notice cannot proceed.

1. Applicant Name and Address		2. Agent Name and Address		
Title:	Mr First name: Comeron	Title: First name:		
Last name:	Brown	Last name:		
Company (optional):	Canden Council	Company (optional):		
Unit:	House House suffix:	Unit: House House suffix:		
House- name:	Arbonici Noral Officer	House name:		
Address 1:	Porks and Open spaces	Address 1:		
Address 2:	7th floor town hall extension	Address 2:		
Address 3:	Aggie Street	Address 3:		
Town:	Leaden	Town:		
County:		County:		
Country:		Country:		
Postcode:	WCIH 8EQ	Postcode:		

3. Trees Location 4. Trees Ownership				
If all trees stand at the address shown in Question 1, go to Question 4. Otherwise, please provide the full address/location of the site where the tree(s) stand (including full postcode where available)	Is the applicant the owner of the tree(s): If 'No' please provide the address of the owner (if known and if different from the trees location)			
Unit: House 59 House suffix:	Title: First name: Last name:			
House name:	Company (optional):			
Address 1: Gaver Street	Unit: House House suffix:			
Address 2:	House name:			
Address 3: Town:	Address 1:			
County:	Address 2:			
Postcode (if known):	Address 3: Town:			
If the location is unclear or there is not a full postal address, either	County:			
describe as clearly as possible where it is (for example, 'Land to the rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference:	Country:			
Description:	Postcode:			
Platanus x hispanica - Rear Garden (Pleuse see map attached)	Telephone numbers Country code: National number: Country code: Mobile number (optional):			
	Country code: Fax number (optional): Email address (optional):			
5. What Are You Applying For?	6. Tree Preservation Order Details			
Are you seeking consent for works to tree(s) Yes No subject to a TPO?	If you know which TPO protects the tree(s), enter its title or number below.			
Are you wishing to carry out works to tree(s) Yes No				
Please identification Of Tree(s) And Description Of Works Please identify the tree(s) and provide a full and clear specification of the works you want to carry out. Continue on a separate sheet if necessary. You might find it useful to contact an arborist (tree surgeon) for help with defining appropriate work. Where trees are protected by a TPO, please number them as shown in the First Schedule to the TPO where this is available. Use the same numbers on your sketch plan (see guidance notes). Please provide the following information below: tree species (and the number used on the sketch plan) and description of works. Where trees are protected by a TPO you must also provide reasons for the work and, where trees are being felled, please give your proposals for planting replacement trees (including quantity, species, position and size) or reasons for not wanting to replant. E.g. Oak (T3) - fell because of excessive shading and low amenity value. Replant with 1 standard ash in the same place. Please see map attacked— Works— Crown thin, nemous crossing branches flimbs, Prove back Works— Crown thin, nemous crossing branches flimbs, Prove back Jean building side 1— Am. Creneral crown hidgor.				

7. Identification Of Tree(s) And Description Of Works continued		
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8. Trees - Additional Information		
Additional information may be attached to electronic communications or provided separa	tely in paper	format.
For all trees		
A sketch plan clearly showing the position of trees listed in Question 7 must be provided when a	pplying for wo	orks to trees covered
by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservatio It would also be helpful if you provided details of any advice given on site by an LPA officer.	n area (see gui	idance notes).
For works to trees covered by a TPO		
Please indicate whether the reasons for carrying out the proposed works include any of the follomust be accompanied by the necessary evidence to support your proposals. (See guidance note	wing. If so, you es for further d	ur application etails)
 Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall: If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert. 	Yes	No
Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for:	~ Yes	√No
Subsidence A report by an engineer or surveyor, to include a description of damage, vegetati and repair proposals. Also a report from an arboriculturist to support the tree wo	on, monitoring	g data, soil, roots
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of c		
Documents and plans (for any tree)		,
Are you providing separate information (e.g. an additional schedule of work for Question 7)?	Yes	√ No
If YES, please provide the reference numbers of plans, documents, professional reports, photogra If they are being provided separately from this form, please detail how they are being submitted.	phs etc in sup	port of your application.
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9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (d) related to an elected member If Yes, please provide details of the name, relationship and role Arboncollusa Opicar	Do any of these statements apply to you? ✓ Yes No					
10. Application For Tree Works - Checklist						
Only one copy of the application form and additional information (Question 8) is required. Please use the guidance and this checklist to make sure that this form has been completed correctly and that all relevant information is submitted. Please note that failure to supply precise and detailed information may result in your application being rejected or delayed. You do not need to fill out this section, but it may help you to submit a valid form.						
Sketch Plan						
 A sketch plan showing the location of all trees (see Question 	n 8)					
For all trees (see Question 7) Clear identification of the trees concerned A full and clear specification of the works to be carried out						
For works to trees protected by a TPO (see Question 7)						
Have you:	/					
stated reasons for the proposed works?	G'					
 provided evidence in support of the stated reasons? in particular: if your reasons relate to the condition of the tree(s) - written evidence from an appropriate expert 						
 if you are alleging subsidence damage - a report by an and one from an arboriculturist. 	appropriate engineer or surveyor					
 in respect of other structural damage - written technic 	al evidence					
included all other information listed in Question 8?						
11. Declaration - Trees 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):						
$\frac{1000312013}{\text{(This date must not be before the date of sending or hand-delivery of the form)}}$						
12. Applicant Contact Details	13. Agent Contact Details					
Telephone numbers Extension	Telephone numbers Extension					
Country code: National number: number:	Country code: National number: number:					
4383						
Country code: Mobile number (optional):	Country code: Mobile number (optional):					
Country code: Fax number (optional):	Country code: Fax number (optional):					
Email address (optional): Cameron, brown@ Camden - gov . u K						
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Electronic communication - If you submit this form by fax or e-mail the LPA may communicate with you in the same manner. (Please see guidance notes)





