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	Wandsworth	CUSTOMER SERVICE EXCELLENCE	MOEM CO INVESTOR IN PEOPLE	Wandsworth Council, Planning Service, Town Hall, Wandsworth High Street, London SW18 2PU Wandsworth planning enquiries: tel: (020) 8871 6636 email: planningapplications@wandsworth.gov.uk website: www.wandsworth.gov.uk/planning
Town and Country Planning Act 1990 Publication of planning applications on planning authority websites Please note that with the exception of applicant contact details, the information provided on this application form and in supporting documents may be published on the authority's website. If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the authority's website, please contact the authority's planning	Application for tre	ee works: work	s to trees subje	ect to a tree preservation order (TPO)
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Please complete using block capitals and black ink				2012 3725/1

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. Applica	ant Name and Address	2. Agent Name and Address
Title:	MRS First name: GRAINNE	Title: M/Z First name: JONATHAN
Last name:	ASHTON	Last name: LEWIS
Company (optional):		Company (optional):
Unit:	House number: 18 House suffix:	Unit: House number: 94 House suffix:
House name:		House name:
Address 1:	REGENTS PARK DERRACE	Address 1: MANTILLA ROAD
Address 2:		Address 2:
Address 3:		Address 3:
Town:	2 7	Town:
County:	19 - 0	County:
Country:		Country:
Postcode:	NWI 00 20 E	Postcode: SWI7 8DT
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	d at the address show lease provide the ful			Is the applic If 'No' please	Ownership ant the owner of the provide the address	of the	Yes	No
	(s) stand (including f			owner (if kn	own and if different f	rom the trees l	ocation)	
Jnit:	House number:	Hou suffi		Title: Last name:	First na	me:		
House ame:				Company (optional):				
Address 1:				Unit:	House number:		House suffix:	
ddress 2:				House name:		·		
Address 3:				Address 1:	TREE 15	ON A	PRIVAT	E
own:				Address 2:	rogo Am			
County:				Address 3:	RESPONSIBIL			
Postcode if known):				Town:	PROPERTY 0			
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Description:			]	Postcode:	numberc			
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NUMBE	r. 17			Country co	de: Fax number (op	otional):		
				Email addre	ess (optional):			
5. What Are	e You Applying F	or?			reservation Orde			
Are vou seekir	ng consent for works	to tree(s)		If you know below.	which TPO protects t	he tree(s), ente	er its title or	numbe
subject to a T		to tree(s) Yes	No					
Are you wishi	ng to carry out works	s to tree(s)	No					
in a conservat	ion area?	- 103						
	ation Of Tree(s)		the second s	f the works vo	u want to carry out.	Continue on a s	eparate sh	eet if
necessary. You	u might find it useful	to contact an arbor	rist (tree surged	on) for help wi	th defining appropria ) where this is availab	te work. Where	e trees are	
your sketch pl	an (see guidance not	tes).			d on the sketch plan)			
trees are prote	ected by a TPO you m	nust also provide re	asons for the v	vork and, when	e trees are being felle	ed, please give		
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dentification Of Tree(s) And Description Of Works continued		
[17]		
RECENTS PARK TERRACE		
AFUENTS FAIL		
HORSE CHESTNUT		
		-
OVAL ROAD		
Trees - Additional Information		
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Written technical evidence from an appropriate expert, including description of damage and possible solutions.

## 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, photographs etc in support of your application. If they are being provided separately from this form, please detail how they are being submitted.

## 9. 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 8)	
For all trees	
(see Question 7)	
<ul> <li>Clear identification of the trees concerned</li> </ul>	
A full and clear specification of the works to be carried out	
For works to trees protected by a TPO (see Question 8)	
Have you:	
<ul> <li>stated reasons for the proposed works?</li> </ul>	
<ul><li>provided evidence in support of the stated reasons? in particular:</li></ul>	
<ul> <li>if your reasons relate to the condition of the tree(s) - written evidence from an appropriate expert</li> </ul>	
<ul> <li>if you are alleging subsidence damage - a report by an appropriate engineer or surveyor and one from an arboriculturist.</li> </ul>	
<ul> <li>in respect of other structural damage - written technical evidence</li> </ul>	
<ul> <li>included all other information listed in Question 8?</li> </ul>	

## 10. Declaration - Trees

Signed - Applicant:			d in this form and the accompanying plans and additional information. Or signed - Agent:			
Date (DD/MM/M			J			
11. Applicar	nt Contact Details	He Seven	12. Agent Co	ontact Details		
Telephone num Country code:	National number:	Extension number:	Telephone num Country code:	National number:	Extension number:	
Country code:	Mobile number (optional):		Country code:	Mobile number (optional):	_ [] 	
Country code:	Fax number (optional):		Country code:	07740 618 988 Fax number (optional):		
Email address (	optional):		Email address (o	optional):		

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)



