179 GOLDHURST TERRACE



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

: 020 7974 1911 Telephone

020 7974 5713

For office use

Date Pavee

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

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

. Applicant N	ame and Address		2. Agent Name and Address
itle:	First name:		Title: MR First name: MATTHEW
ast name:			Last name: BAYFOLD
Company optional):	w b foctoer		Company (optional): BAYFORDS TREECARE
Jnit:	House number:	House suffix:	Unit: House number: House suffix:
louse			House name: LITTLE MERRY WEATHORS
Address 1:			Address 1: EPPING RD
Address 2:			Address 2:
Address 3:			Address 3:
Town:			Town: ROYDON
County:			County: ESSEY
Country:			Country:
Postcode:			Postcode: CM 1950W

Trees Location	4. Trees Ownership
Fall trees to at the address shown in Question 1, go to Question 6. Otherwise, please provide the full address/location of the site	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)
where the tree(s) stand (including full postcode where available)	Title: First name: DAVID
Unit: House number: 199 House suffix:	Last name: Pouceic.
House name:	Company (optional):
Address 1: GOLD HURST TERRACT	Unit: House number: House suffix:
Address 2:	House name:
Address 3: HAMPSTEAD.	Address 1:
Town: LONDON	Address 2:
County:	Address 3:
Postcode (if known): NW63ER	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	Country:
provide an Ordnance Survey grid reference:	Postcode:
Description:	Telephone numbers Extension number:
Rear Garden	Country code: National number: 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
	If you know which TPO protects the tree(s), enter its title or number below.
Are you seeking consent for works to tree(s) Yes Subject to a TPO?	
Are you wishing to carry out works to tree(s) In a conservation area? Yes	
7. Identification Of Tree(s) And Description Of Wor	ks
Please identify the tree(s) and provide a full and clear specification	on or the works you want to carry out. Continue work. Where trees are
Please identify the tree(s) and provide a full and clear specification necessary. You might find it useful to contact an arborist (tree surprotected by a TPO, please number them as shown in the First Science.	chedule to the TPO where this is available. Use the same numbers on
your sketch plan (see guidance notes).	Literate have and on the sketch plan) and description of works. Where
trees are protected by a TPO you must also provide reasons for t	the work and, where trees are being felled, please give your proposals for and size) or reasons for not wanting to replant.
planting replacement trees (including quantity, species, position	lue. Replant with 1 standard ash in the same place.
0 20(E)	the box condition Remove.
DEAR 5 Overmature covered !	niry poor condition Remove.
ELDERBERRY remove. ASH. remove self seed sa	
ASH. remove self seed sa	upling
FIG remove overgrown	

9. Authority Employee / Member 179 Gov DHC	IRSTTERRACE
With respect to the Authority, I am:	Do any of these statements apply to you?
(a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member	
	Yes V No
If Yes, please provide details of the name, relationship and role	
10. Application For Tree Works - Checklist	
Only one copy of the application form and additional information (Qimake sure that this form has been completed correctly and that all resupply precise and detailed information may result in your application but it may help you to submit a valid form.	elevant information is submitted. Please note that failure to
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?	
 provided evidence in support of the stated reasons? in part if your reasons relate to the condition of the tree(s) - wappropriate expert if you are alleging subsidence damage - a report by an and one from an arboriculturist. in respect of other structural damage - written technic 	appropriate engineer or surveyor
included all other information listed in Question 8?	
11. Declaration - Trees I/we hereby apply for consent/give notice for tree work as described Signed - Applicant: Date (DD/MM/YYYY): (This date must not be before the date of sending or hand-delivery of the form)	in this form and the accompanying plans and additional information. Or signed - Agent:
12. Applicant Contact Details	13. Agent Contact Details
	Telephone numbers
Telephone numbers Country code: National number: Extension number:	Country code: National number:
Country code: Mobile number (optional):	Country code: Mobile number (optional): One of the second
Country code: Fax number (optional):	Email address (optional):
Email address (optional):	
	Info@bayfordstreecare, co.vic

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)

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Trees - Additional Information	A STATE OF THE PARTY OF THE PAR	
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dditional information may be attached to electronic communications or provided separa	tely in paper fo	ormat.
•		
or all trees	pplying for wo	rks to trees covered
the state of the position of trees listed in Question 7 must be provided when a	pplying for wor n area (see guid	rks to trees covered dance notes).
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