16 BELSIZE LANGE



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

: 020 7974 1911 Telephone

: 020 7974 5713 Fax

For office use Date

Pavee

App. No.

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.

. Applicant Name and Address		2. Agent l	Name and Address
Title:	First name:	Title:	MR First name: MATTHEW
Last name:		Last name:	BAYFORD
Company (optional):		Company (optional):	BAY FORDS TREE CARE
Unit:	House House suffix:	Unit:	House number: House suffix:
House name:		House name:	LITTLE MEDRY WEATHERS
Address 1:		Address 1:	Epping RD
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:		Town:	ROYDON
County:	[2 D]	County:	ESSEX
Country:	3 0	Country:	
Postcode:		Postcode:	CM1950W
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

3. Trees Location	4. Trees Ownership
f 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)
	Title: First name:
Unit: House number: House suffix:	Last name:
House name:	Company (optional): CITY SHINES
Address 1: BELSIZE LANE	Unit: House House suffix:
Address 2:	House name:
Address 3:	Address 1:
Town:	Address 2:
County:	Address 3:
Postcode (if known): NW 3 5AB	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
	Country code: National number: number:
	Country code: Mobile number (optional):
	Country code: Fax number (optional):
	Country code: Fax number (optional):
	Email address (optional):
	Email address (epiteris)
	O Control Details
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
Are you seeking consent for works to tree(s) Yes No	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?	
7. Identification Of Tree(s) And Description Of Wor	ks
	on of the works you want to carry out. Continue on a separate sheet "
	chedule to the TPO where this is available. Use the same numbers on
Please provide the following information below: tree species (ar	nd the number used on the sketch plan) and description of works. Where he work and, where trees are being felled, please give your proposals for
I de la constant de l	and size of feasons for flot wanting to replant
E.g. Oak (T3) - fell because of excessive shading and low amenity va	lue. Replant with 1 standard asn in the same place.
ROSE + PRIVOT (REMOVE) SECURI	TY + LIGHT
0	
SYCAMORE SAPLING REMOVE SELF SE	FEDER CLOSE TO PROPERTY
SYCAMORE SAPLING REMOVE SELF SE BIRCH REMOVE POOR GROWTH, NEIGHBOURS EVERLYPTUS POL	LARD BACK AS HEAVY LEANOVER

. Identification Of Tree(s) And Description Of Works    6 BEUSIZE CANT				
SKSIRE LAME.	REPROX HOS IN NO 18  Sycamore  BIRLH	J E	CARYPOUS	
	tional Information ation may be attached to electronic communications or provided separate			
by a TPO. A sketch It would also be he For works to tree: Please indicate wh must be accompan	ly showing the position of trees listed in Question 7 must be provided when ap plan is also advised when notifying the LPA of works to trees in a conservation alpful if you provided details of any advice given on site by an LPA officer.  s covered by a TPO sether the reasons for carrying out the proposed works include any of the following the necessary evidence to support your proposals. (See guidance notes	ving. If so, you s for further de	ır application	
If YES, diagn	of the tree(s) - e.g. it is diseased or you have fears that it might break or fall: you are required to provide written arboricultural advice or other ostic information from an appropriate expert.	Yes	NO	
2. Alleged damage to property - e.g. subsidence or damage to drains or drives.  Yes No If YES, you are required to provide for:				
A	ubsidence report by an engineer or surveyor, to include a description of damage, vegetation and repair proposals. Also a report from an arboriculturist to support the tree wo ther structural damage (e.g. drains, walls and hard surfaces) ritten technical evidence from an appropriate expert, including description of o	ик ргорозию.		
Dauto and	plans (for any tree) g separate information (e.g. an additional schedule of work for Question 7)?	┌ Yes	┌ No	
If YES, please pro If they are being	vide the reference numbers of plans, documents, professional reports, photogr provided separately from this form, please detail how they are being submitted	aphs etc in su	pport of your application	

	TO AS AS					
With respect to the Authority, I am:  (a) a member of staff  (c) related to a member of staff	Do any of these statements apply to you?					
(a) a member of staff (c) related to a member of staff (d) related to an elected member	☐ Yes ☐ 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 (C	Question 8) is required. Please use the guidance and this checklist to elevant information is submitted. Please note that failure to on being rejected or delayed. You do not need to fill out this section,					
Sketch Plan						
<ul> <li>A sketch plan showing the location of all trees (see Question)</li> </ul>	n 8)					
For all trees						
<ul> <li>(see Question 7)</li> <li>Clear identification of the trees concerned</li> </ul>						
<ul> <li>A full and clear specification of the works to be carried out</li> </ul>						
For works to trees protected by a TPO (see Question 7)						
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> <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</li> </ul>						
<ul> <li>and one from an arboriculturist.</li> <li>in respect of other structural damage - written techn</li> </ul>	ical evidence					
• included all other information listed in Question 8?						
included all other mioritation issees in question						
11. Declaration - Trees	d in this form and the accompanying plans and additional information.					
I/we hereby apply for consent/give notice for tree work as describe  Signed - Applicant:	Or signed - Agent:					
Signed - Applicant:  MSBNJON						
D (DD AMA 2000)						
Date (DD/MM/YYYY):  (This date must not be before the date of sending or hand-delivery of the form	n)					
12. Applicant Contact Details	13. Agent Contact Details					
Telephone numbers	Telephone numbers Extension					
Country code: National number: Extension number:	Country code: National number: number:					
	0800 0920087					
Country code: Mobile number (optional):	Country code: Mobile number (optional):					
	Country code: Fax number (optional):					
Country code: Fax number (optional):	Country code. Tax number (optional):					
Email address (optional):	Email address (optional):					
	Info@bayfordstreecare, co. UK					

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)