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Telephone : 020 7974 1911

: 020 7974 5713

Date.

Payor Apr. No. 1144

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			
Title [	Mic First name.		
Last name	FRANCIS-LIM		
Company (optional):			
Unit:	House 33a House suffix		
House name.			
Address 1:	BELSIZE CRESCENT		
Address 2			
Address 3:			
Town:	LONDON		
County.			
Country.			
Postcode:	NN3 SQY		

2. Agent Name and Address			
Title:	MC First name: E		
Last name:	CAMPBELL WHITE		
Company (optional):	THE TREE COMPANY LTD		
Unit:	House House suffix.		
House name:	WILLOW WORKS		
Address 1.	INWOOD BUSINESS FARK		
Address 2	WHITTON ROAD		
Address 3:			
Town:	HOUNSLOW		
County:	MIDDLESEX		
Country			
Postcode:	TW3 28B		

3. Trees Location	4. Trees Ow	nership	
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): ovide the address of the n and if different from the tree	Yes No
Unit House House	Title.	First name:	
number suffix:	Last name		
name.	Company (optional):		
Address 1:	Unit:	House number:	House suffix.
Address 2:	House name:		<del></del>
Address 3:	Address 1:		
lown	= Address 2 <sup>-</sup>	<del></del>	
County	Address 3:		
Postcode (if known):	<u></u>		
(if known): If the location is unclear or there is not a full postal address, either	Town.		
describe as clearly as possible where it is (for example, 'Land to the	County =====		
rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference.	Country:		<del></del>
Description	Postcode		
	Telephone nur Country code:		Extensior number
	Country code.	National number:	iumbei
	Country code:	Mobile number (optional):	
	Country code:	Fax number (optional):	
:	Email address	(optional):	<u>_</u>
5. What Are You Applying For?	6. Tree Pres	ervation Order Details	
	II '	ich TPO protects the tree(s), er	nter its title or numbe
Are you seeking consent for works to tree(s) Yes No subject to a TPO?	TPO - R	EF : (364	
Are you wishing to carry out works to tree(s) Yes No		· 	
7. Identification Of Tree(s) And Description Of Works Please identify the tree(s) and provide a full and clear specification o	f the works you w	ant to carry out. Continue on	a separate sheet if
necessary. You might find it useful to contact an arborist (tree surger protected by a TPO, please number them as shown in the First Sched your sketch plan (see guidance notes).	on) for help with c	lefining appropriate work. Wh	ere trees are
Please provide the following information below: tree species (and the trees are protected by a TPO you must also provide reasons for the valuating replacement trees (including quantity, species, position and E.g. Oak (T3) - fell because of excessive shading and low amenity value.	vork and, where tr d size) or reasons f	ees are being felled, please giv or not wanting to replant.	
LIME IN REAR GARDEN - REDUCE HEIGHT REMAINING CROWN LIMBS TO SHAPE. T AND RAISE CROWN TO GIVE UM CLEAR	HVC E.	11/13 10/24 13	DUC TO
DISEASED TREE, THIS REDUCTION WILL HAS STRESS DECAYING UNIONS	REDUCE T	HE CELL AREA. SEE ATTACHED	THIS TREE PIC.

7. Identification Of Tree(s) And Descript	tion Of Works cor	ntinued		
i				
8. Trees - Additional Information				
Additional information may be attached to elect	tronic communications	or provided separa	itely in paper forn	nat.
For all trees A sketch plan clearly showing the position of trees I by a TPO. A sketch plan is also advised when notify It would also be helpful if you provided details of ar	'ina the LPA of works to t	rees in a conservatio	applying for works In area (see guidan	o trees covered ce notes).
For works to trees covered by a TPO Please indicate whether the reasons for carrying ou must be accompanied by the necessary evidence to	t the proposed works inc	lude any of the follo	wing. If so, your apes for further detail.	oplication s)
<ol> <li>Condition of the tree(s) - e.g. it is diseased of If YES, you are required to provide writted diagnostic information from an appropriate</li> </ol>	en arboricultural advice	night break or fall. or other	√Yes Γ	- No
2 Alleged damage to property - e.g. subsiden If YES, you are required to provide for:	ice or damage to drains (	or drives	┌ Yes ┌	-No
Subsidence A report by an engineer or surveyor, and repair proposals Also a report f	. to include a description rom an arboriculturist to	of damage, vegetati support the tree wo	on, monitoring dat ork proposals	a. soil, roots
Other structural damage (e.g. drains, Written technical evidence from an a	walls and hard surfaces) appropriate expert. inclu	ding description of c	damage and possib	le solutions.
Documents and plans (for any tree) Are you providing separate information (e.g. an add	itional schedule of work	for Question 7)?	√Ves ┌	- No
f YES, please provide the reference numbers of plan f they are being provided separately from this form,	is, documents, profession , please detail how they ;	nal reports, photogra ire being submitted.	iphs etc in support	of your application.
MAP SHOWING COCATION OF				DECAY.

9. Authority Employee / Member	
With respect to the Authority, Lam  (a) a member of staff (c) related to a member of staff	
(a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member	Do any of these statements apply to you?  The No
If Yes, please provide details of the name, relationship and ro	
10. Application For Tree Works - Checklist	
Only one copy of the application form and additional informa make sure that this form has been completed correctly and th	tion (Question 8) is required. Please use the guidance and this checklist to lat all relevant information is submitted. Please note that failure to plication 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 Qr</li> </ul>	uestion 8)
For all trees (see Question 7)  • Clear identification of the trees concerned • A full and clear specification of the works to be carried	d out
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? if your reasons relate to the condition of the tree appropriate expert</li> <li>if you are alleging subsidence damage - a report and one from an arboriculturist.</li> <li>in respect of other structural damage - written to included all other information listed in Question 8?</li> </ul>	by an appropriate engineer or surveyor
Signed - Applicant:	ribed in this form and the accompanying plans and additional information Or signed - Agent
Date (DD/MM/YYYY)	
(This date must not be before the dof sending or hand-delivery of the f	ate orm)
12. Applicant Contact Details	13. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extensi number	ion   Extension
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code Fax number (optional):  OZOS S74 72CO
Email address (optional)	Email address (optional): Cryonies (other tree company (our

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)