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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 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:	PAUL	Title:	MR. First name: SIMON		
Last name:	DELANE	7	Last name:	CAUSER		
Company (optional):			Company (optional):			
Unit:	House number: 30	House suffix:	Unit:	House number: A House suffix:		
House name:			House name:	89		
Address 1:	CHRISTCHUR	CH HILL	Address 1:	CROFTDOWN RD.		
Address 2:			Address 2:			
Address 3:			Address 3:			
Town:	rondan		Town:	LONDON		
County:			County:			
Country:			Country:			
Postcode:	NW3 IJL	RECEIV	Postcode:	NW5 1EY		
Cu		2 8 NOV 2011		O. I all W		
		Culture & Envir	ronment	41114989/		

\$Date: 2010-09-10 #\$ \$Revision: 2999 \$

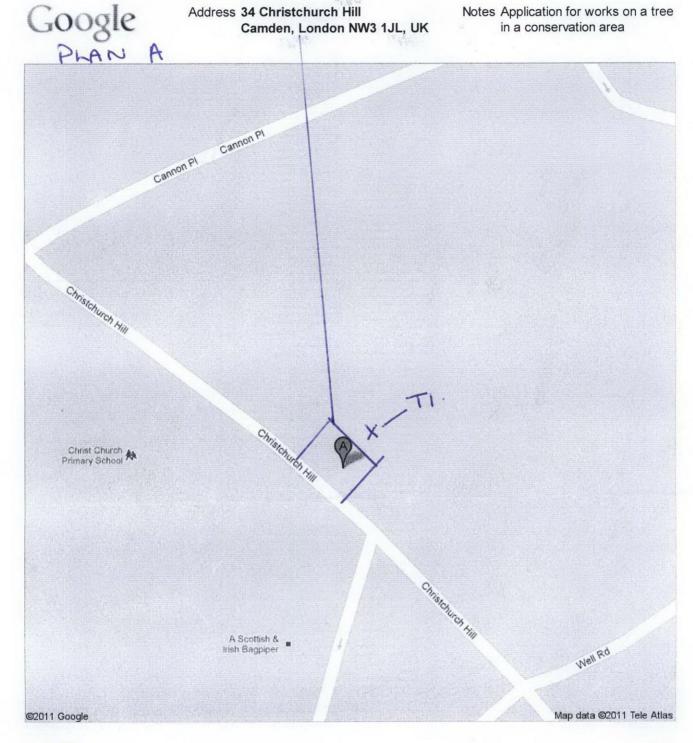
3. Trees Loc	ation			4. Trees Ov	vnership		
4. Otherwise, pl	at the address sho ease provide the fu s) stand (including	ull address/locat	ion of the site	If 'No' please p	at the owner of the to provide the address of yn and if different fro	of the	
	House	Tan postcode w	House	Title:	First nan	ne:	
Unit:	number:		suffix:	Last name:			
House name:				Company (optional):			
Address 1:				Unit:	House		House
Address 2:				House	number:		suffix:
Address 3:				name:Address 1:			
Town:		-		Address 2:		Line Comments	
County:				Address 3:			
Postcode (if known):				Town:			
	unclear or there is			County:			
rear of 12 to 18 I	rly as possible whe High Street' or 'Wo	odland adjoinin		Country:			and A second
provide an Ordi Description:	nance Survey grid	reference:		Postcode:			
Description.				Telephone nui	mbers		Estantian
TI.	SITS	2		Country code:		r:	Extension number:
THE	REAR	SAR	DEN)				
	THE	00000	TY	Country code:	Mobile number (optional):	
00	THE	PROFE	`),	Country code:	Fax number (opt	ional).	
		\		Country code.	Pax number (opt	ionai):	
56	e PLAN	(A)		Email address	(optional):		
,		V					
E What Are	Van Annheine I	Faw2					
o. What Are	You Applying I	ror:			servation Order		
Are you seeking	consent for works	s to tree(s)		below.	ich TPO protects the	e tree(s), enter its	s title or number
subject to a TPC		10 11 00 (3)	Yes No				
Are you wishing	to carry out works	s to tree(s)					
in a conservatio		o to tree(s)	Yes No				
7. Identificat	tion Of Tree(s)	And Descrip	tion Of Works				
Please identify t	he tree(s) and prov	ide a full and cl	ear specification	of the works you w	ant to carry out. Co	ntinue on a sepa	rate sheet if
necessary. You r protected by a T	might find it useful TPO, please numbe	to contact an a	rborist (tree surg n in the First Sch	eon) for help with o	defining appropriate here this is available	work. Where tre	es are
your sketch plar	n (see guidance not	tes).					
Please provide t	the following inform	nation below: t	ree species (and	the number used o	n the sketch plan) a	nd description o	f works. Where
planting replace	ement trees (includ	ling quantity, sp	e reasons for the ecies, position ar	work and, where tr id size) or reasons f	rees are being felled for not wanting to re	, please give you eplant.	r proposals for
E.g. Oak (T3) - fel	l because of excessi	ve shading and l	ow amenity value	. Replant with 1 star	ndard ash in the same	e place.	
TI	HOPS	E CH	HESTNU	51 .			
REDU	CED B	34 3	30%	BACK	TO OL	O POLL	ARD

POINTS

rees - Additional Information		
itional information may be attached to electronic communications or provided sep	parately in pape	er format.
all trees		
etch plan clearly showing the position of trees listed in Question 7 must be provided who TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conserva	en applying for	works to trees covered
ould also be helpful if you provided details of any advice given on site by an LPA officer.	ation area (see g	guidance notes).
works to trees covered by a TPO		
se indicate whether the reasons for carrying out the proposed works include any of the form t	following. If so, y notes for further	our application details)
. Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fal	l·	
If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert.	I: 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, vege	etation monitor	ing data soil roots
and repair proposals. Also a report from an arboriculturist to support the tree	work proposals	5.
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description	of damage and	massible salutions
written technical evidence from an appropriate expert, including description	or damage and	possible solutions.
iments and plans (for any tree)		_
ou providing separate information (e.g. an additional schedule of work for Question 7)?	Yes	No
, please provide the reference numbers of plans, documents, professional reports, photo y are being provided separately from this form, please detail how they are being submit	ographs etc in su	upport of your applicatio
, are being provided separately from this form, pieuse detail flow they are being submit	iteu.	

The state of the s					
.9: Authority Employee / Member					
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?				
(b) an elected member (d) related to an elected member	Yes No				
If Yes, please provide details of the name, relationship and role					
10 Andinating For Town Made Charles					
10. Application For Tree Works - Checklist					
make sure that this form has been completed correctly and that a	(Question 8) is required. Please use the guidance and this checklist to II relevant information is submitted. Please note that failure to ation being rejected or delayed. You do not need to fill out this section,				
Sketch Plan					
 A sketch plan showing the location of all trees (see Quest 	tion 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 	ut 🖂				
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 page 1 					
• 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 appropriate engineer or surveyor				
 and one from an arboriculturist. in respect of other structural damage - written techn 	nical evidence				
• included all other information listed in Question 8?					
11. Declaration - Trees					
	ed in this form and the accompanying plans and additional information.				
Signed - Applicant:	Or signed - Agent:				
*					
	1600 ·				
Date (DD/MM/YYYY):					
22 – 11 – 2011 (This date must not be before the date of sending or hand-delivery of the form	1)				
12. Applicant Contact Details	13. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Extension number:	Extension				
Country code: National number: number:	Country code: National number: number:				
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
, sale name (optional).	2039 280 79				
Country code: Fax number (optional):	Country code: Fax number (optional):				
and topicolar.	Country code: Fax number (optional):				
Email address (optional):	Email address (optional):				
	Causersimon @ botanil . CO.UK				
	III VAVATA DIVICINI U BOTAGO, I . [1] 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)



Position of tree.