Our Ref: SH/QT/0810/120 05 October 2010

London Borough of Camden Attn:Kevin Fisher Tree Preservation Section Planning Services Camden Town Hall Argyle Street London WC1H 8ND

# TREE WORK APPLICATION Access: Tenant - Sue O'Conner - .020 7431 0292 Re: 33/34 Belsize Square,London,NW3 4HL

SPECIES WORK PROPOSED

Rear

T2 Sycamore (Acer This tree has a large wound at the base. To lessen the

pseudoplatanus) stress on the root plate. Suggest: Reduce and re-shape

crown by 25-30%.

Please quote our reference number on all correspondence.

Yours sincerely

Steve Hawkins, RFS Arb



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

Telephone

Fax

: 020 7974 1911

: 020 7974 5713

For office use

Date Payee 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

### 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 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).

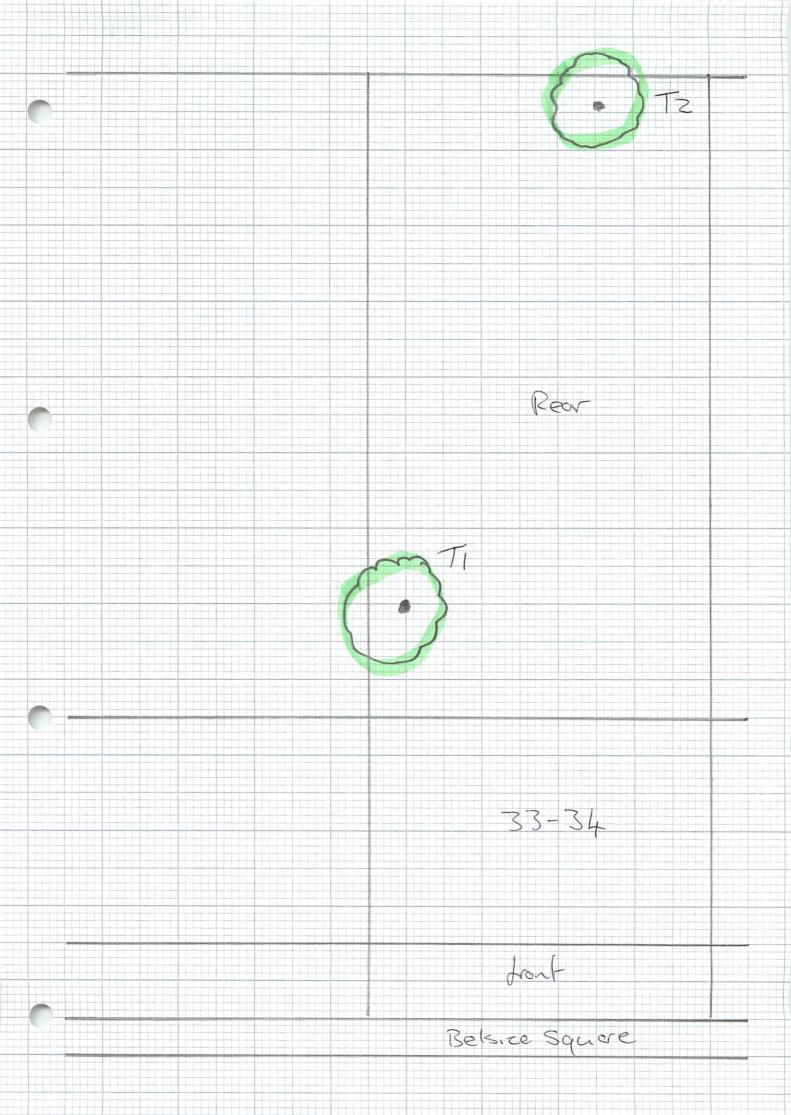
It is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your application / notice cannot proceed.

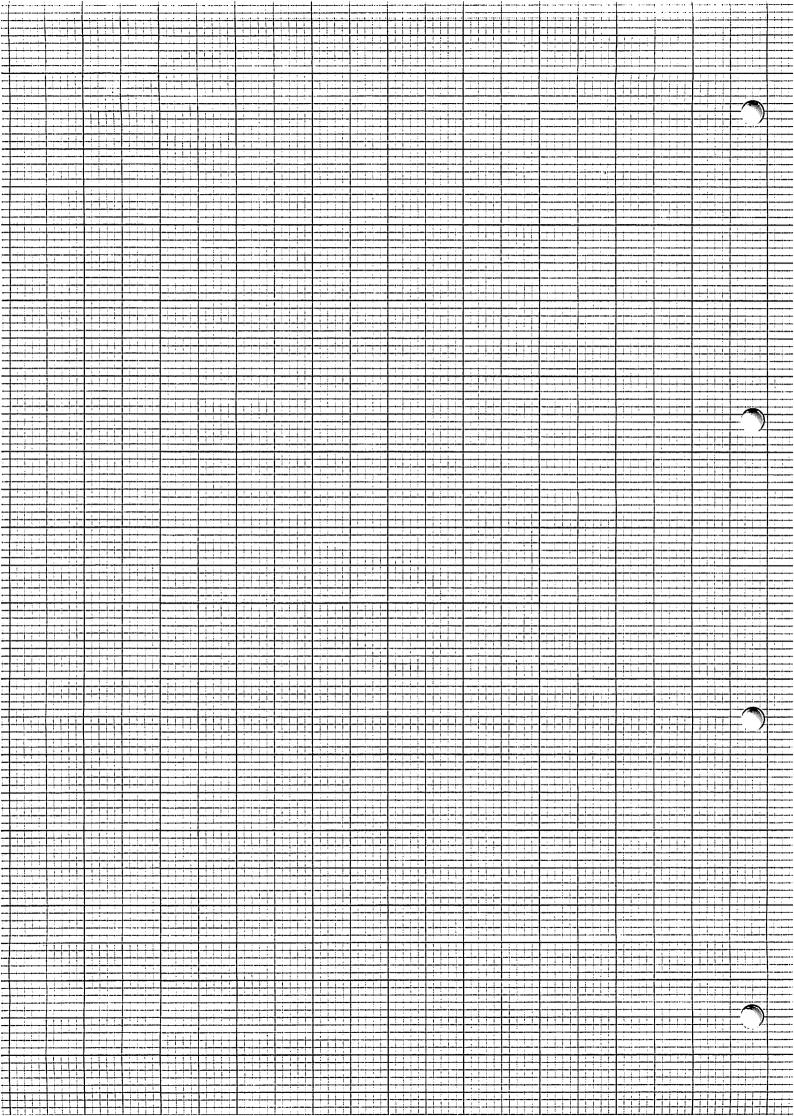
1. Applic	ant Name and Address
Title:	First name:
Last name:	
Company (optional):	INNISPREE HOUSING ASS.
Unit:	House number: 190 House suffix:
House name:	
Address 1:	INVERSON ROAD
Address 2:	
Address 3:	
Town:	CONDON
County:	
Country:	
Postcode:	NW62HL

Z. Agent	Name and Address
Title:	First name:
Last name:	
Company (optional):	TREECOKE
Unit:	House number: House suffix:
House name:	OAK TREE HOUSE
Address 1:	ROSEBANK WORKS
Address 2:	ROSEBANIL WAY
Address 3:	
Town:	LANDON
County:	
Country:	
Postcode:	W3 GTT

3. Trees Location	4. Trees Ownership
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):  If 'No' please provide the address of the owner (if known and if different from the trees location)
Unit: House number: 33(34) House suffix:	Title: First name:
House name:	Company (optional):
Address 1: RELSIZE SQUARE	House House
Address 2:	House number: suffix:
Address 3:	name: Address 1:
Town: LONDON	Address 2:
County:	Address 3:
Postcode (if known): WW3 4BC	Town:
If the location is unclear or there is not a full postal address, either 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:
Description:	Postcode:
	Telephone numbers Extension
	Country code: National number: number:
	Country code: Mobile number (optional):
	Country code: Fax number (optional):
	Email address (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
Are you seeking consent for works to tree(s) Yes No	below.
subject to a TPO?	
Are you wishing to carry out works to tree(s) Yes No	
in a conservation area?	
7. Identification Of Tree(s) And Description Of Works	
Please identify the tree(s) and provide a full and clear specification on necessary. You might find it useful to contact an arborist (tree surges	
protected by a TPO, please number them as shown in the First Scheoly your sketch plan (see guidance notes).	dule to the TPO where this is available. Use the same numbers on
Please provide the following information below: tree species (and the	he number used on the sketch plan) and description of works. Where
planting replacement trees (including quantity, species, position and	
E.g. Oak (T3) - fell because of excessive shading and low amenity value.	<u> </u>
Hease see Hacheel	schedule of works.

. Identification Of Tree(s) And Description Of Works continued	Carlot Co	
Please see map attache	el,	
. Trees - Additional Information		
dditional information may be attached to electronic communications or provided separate	ly in paper fo	rmat.
or all trees		
sketch plan clearly showing the position of trees listed in Question 7 must be provided when apply a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation as would also be helpful if you provided details of any advice given on site by an LPA officer.		
for works to trees covered by a TPO Please indicate whether the reasons for carrying out the proposed works include any of the following the accompanied by the necessary evidence to support your proposals. (See guidance notes to support your proposals)		
<ol> <li>Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall:         If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert.     </li> </ol>	☐ Yes	No
2. <b>Alleged damage to property</b> - 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, vegetation and repair proposals. Also a report from an arboriculturist to support the tree wo		g data, soil, roots
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of d	amage and po	ossible 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, photogral they are being provided separately from this form, please detail how they are being submitted.		port of your application





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			
<ul> <li>A sketch plan showing the location of all trees (see Question</li> </ul>	8)		
For all trees (see Question 7)  • Clear identification of the trees concerned			
<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 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> <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</li> </ul>	al evidence		
<ul> <li>included all other information listed in Question 8?</li> </ul>			
10. Declaration - Trees			
I/we hereby apply for consent/give notice for tree work as described in Signal Applicants	n this form and the accompanying plans and additional information.  Or signed - Agent:		
Signed - Applicant:	Or signed - Agent.		
	h. Couls		
Date (DD/MM/YYYY):  (This date must not be before the date			
of sending or hand-delivery of the form)			
11. Applicant Contact Details	12. Agent Contact Details		
Telephone numbers	Telephone numbers		
Extension	Extension		
Country code: National number: number:	Country code: National number: number:		
Country code: Mobile number (optional):	Country code: Mobile number (optional):		
Country code: Fax number (optional):  Country code: Fax number (optional):			
020 7328 9943 020 8943 2828			
Email address (optional):  Email address (optional):			
mairead @innisgice org.ut	dificea freecare, co. uk		
	o LPA may communicate with you in the same manner		

(Please see guidance notes)

Our Ref: SH/QT/0810/120 05 October 2010

London Borough of Camden Attn:Kevin Fisher Tree Preservation Section Planning Services Camden Town Hall Argyle Street London WC1H 8ND

## <u>5 DAY DDD TREE WORK APPLICATION</u> Access: Tenant - Sue O'Conner - .020 7431 0292

Re: 33/34 Belsize Square, London, NW3 4HL

**SPECIES** 

**WORK PROPOSED** 

**Rear** 

T1 Sycamore

(Acer

This tree is dying. Suggest: Fell to ground level by

pseudoplatanus) sectional takedown.

Grind stump to approx 200mm below ground.

Please quote our reference number on all correspondence.

Yours sincerely

Steve Hawkins, RFS Arb



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

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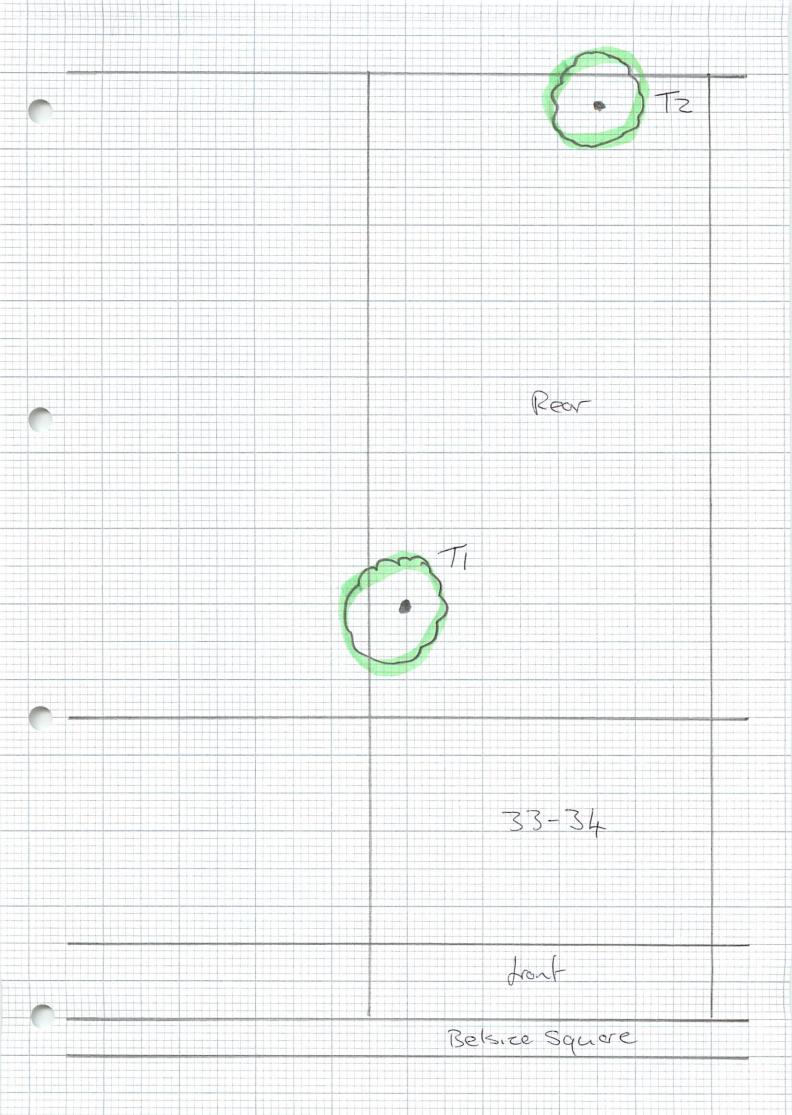
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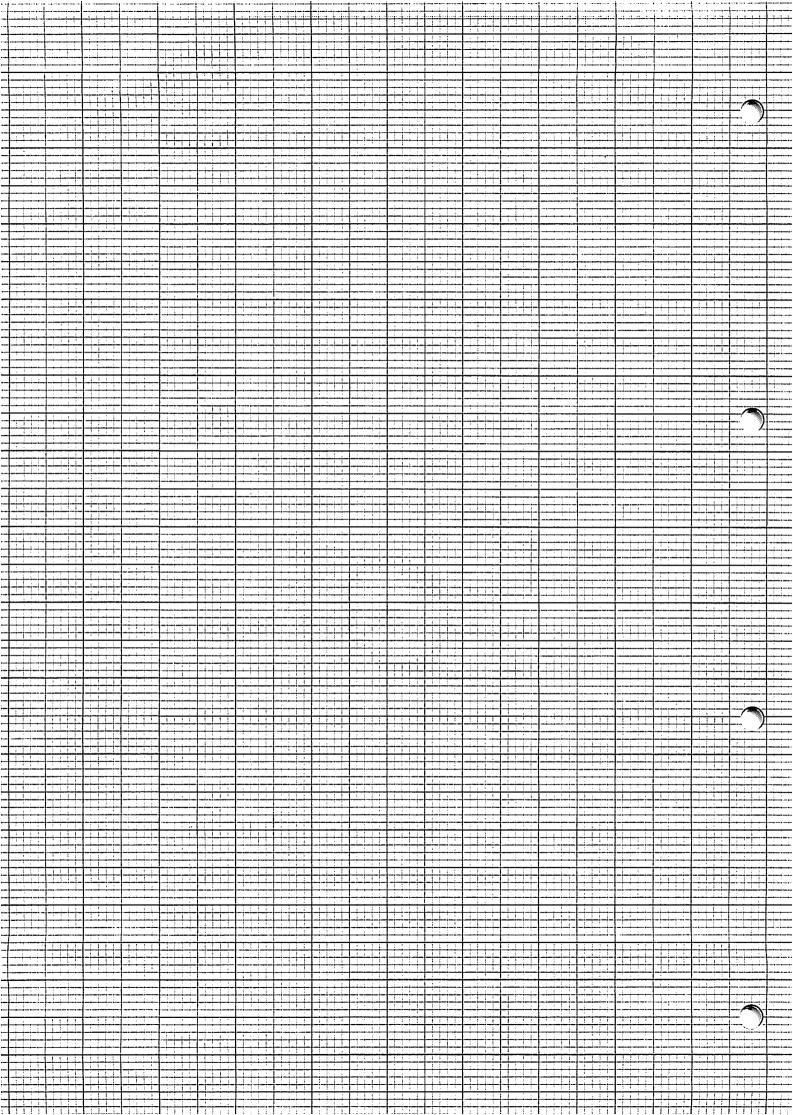
1. Applic	ant Name and Address	2.
Title:	First name:	Titl
Last name:		Las
Company (optional):	INNISPREE HOUSING ASS.	Co (op
Unit:	House 190 House suffix:	Un
House name:		Ho na
Address 1:	INUERSON ROAD	Ad
Address 2:		Ad
Address 3:		Ad
Town:	CONDON	То
County:		Со
Country:		Со
Postcode:	NW6 2HL	Ро

	Ivallie allu Auuless
Title:	First name:
Last name:	
Company (optional):	TREECAKE
Unit:	House number: House suffix:
House name:	OAK TREE HOUSE
Address 1:	ROSEBANK WORKS
Address 2:	ROSEBANIL WAY
Address 3:	
Town:	LANDON
County:	
Country:	
Postcode:	W3 GTT

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House	Last name:  Company
Address 1: BELSIZE SQUERE	(optional): House House
Address 2:	House name:
Address 3:	Address 1:
Town: LANDON	Address 2:
County:	Address 3:
Postcode (if known): WW3 4BC	Town:
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rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference:	Country:
Description:	Postcode:
	Telephone numbers Extension Country code: National number: number:
	020 7626 1818
	Country code: Mobile number (optional):
	Country code: Fax number (optional):
	Email address (optional):
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in a conservation area? Yes No	
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	on) for help with defining appropriate work. Where trees are dule to the TPO where this is available. Use the same numbers on the number used on the sketch plan) and description of works. Where work and, where trees are being felled, please give your proposals for d size) or reasons for not wanting to replant.
Please see attacheel	schedule of works.

7. Identification Of Tree(s) And Description Of Works continued		
Please see map attache	sel,	
8. Trees - Additional Information		
	alv in naner fo	rmat
Additional information may be attached to electronic communications or provided separate	riy in paper io	rmat.
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• 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 technical evidence		
• included all other information listed in Question 87		
• included all other information listed in Question 8?		
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I/we hereby apply for consent/give notice for tree work as described i	n this form and the accompanying plans and additional information.	
Signed - Applicant:	Or signed - Agent:	
	2. Audo	
Date (DD/MM/YYYY):		
(This date must not be before the date of sending or hand-delivery of the form)		
11 Applicant Contact Datails	12 Avent Control Details	
11. Applicant Contact Details	12. Agent Contact Details	
Telephone numbers  Extension	Telephone numbers  Extension	
Country code: National number: number:	Country code: National number: number:	
020 625 1818	020 8993 1943	
Country code: Mobile number (optional):	Country code: Mobile number (optional):	
Country code: Fax number (optional):	Country code: Fax number (optional):	
020 7328 9943	O20 GG(13) 2G29	
Email address (optional):	Email address (optional):	
mairead @innisgree.org.ut	difica traccare, 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)