Planning Services Camden Town Hall

> Argyle Street London WC1H 8EQ

Camden

Email (enquiries only): env.devcon@camden.gov.uk

: 020 7974 1911 Telephone Fax

: 020 7974 5713

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: ANDY	Title: First name: ANOY
Last name: Protuce	Last name: PRYLE
Company (optional): LONDON TRIEE SURGEONS	Company (optional): LONDON TREE SURGEONS
Unit: House number: 2.1 House suffix:	Unit: House number: 21 House suffix:
House name:	House name:
Address 1: TURNPIKE LANE	Address 1: TURNPINE LANE
Address 2:	Address 2:
Address 3:	Address 3:
Town: LONDON	Town: LONDON
County:	County:
Country:	Country:
Postcode: N8 OEP	Postcode: N 8 OEP

SDate:: 2010-03-19 #\$ \$Revision: 2368 \$

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)
House	Title: MS First name: JULIANNE
Unit: 100se number: 33 suffix: 100se	Last name: LOCKWOOD
House name:	Company (optional):
Address 1: MARQUIS ROAD	Unit: House number: 33 House suffix:
Address 2:	House name:
Address 3:	Address 1: MARQUES ROAD
Town:	Address 2:
County:	Address 3:
Postcode (if known): Nい	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	Country:
provide an Ordnance Survey grid reference:	Postcode: Nwl
Description:	Telephone numbers Extension
REAR GARDEN	Country code: National number: number:
ILEAR GARDEN	Country code: Mobile number (optional):
	07736 836271
	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 No 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 Work	S Continue on a separate sheet if
I Very might find it usoful to contact an arborist (tree surg	of the works you want to carry out. Continue on a separate sheet if geon) for help with defining appropriate work. Where trees are
protected by a TPO, please number them as shown in the First Sch	edule to the 1PO where this is available. Ose the same numbers on
Disease provide the following information below: tree species (and	the number used on the sketch plan) and description of works. Where work and, where trees are being felled, please give your proposals for
I planting replacement trees (including quantity, species, position a	ind size) or reasons for not wanting to replant.
E.g. Oak (T3) - fell because of excessive shading and low amenity valu	C. REPIGET FIGURE ASSESSMENT OF SECTION OF S
A 7 stemmed sycamore - approx 40	oft tall.
The cheek needs the tree to b	e controlled (to allow more
light).	
	\$Date:: 2010-03-19 #\$ \$Revision: 2368 \$

The proposal is to fell one main stem to ground level. Also to fell 2 of the lesser limbs.					
The remaining stems to be teduced by up	to 25	5%			
The tree is fairly wild and stretches over several neighbouring properties gardens.					
Trees - Additional Information		<u> </u>			
dditional information may be attached to electronic communications or provided separate	ly in paper f	ormat.			
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 is  would also be helpful if you provided details of any advice given on site by an LPA officer.  or works to trees covered by a TPO  ease 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)	ing. If so, you	ur application			
<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			
<ol> <li>Alleged damage to property - e.g. subsidence or damage to drains or drives.</li> <li>If YES, you are required to provide for:</li> </ol>	┌ 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 wor	n, monitorin	e fo bure g data, soil, roots			
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of date.	amage and p	ossible solutions.			
ocuments and plans (for any tree) are you providing separate information (e.g. an additional schedule of work for Question 7)?	┌ Yes	✓No			
YES, please provide the reference numbers of plans, documents, professional reports, photogra If they are being provided separately from this form, please detail how they are being submitted.	phs etc in su	pport of your applicati			

\$Date:: 2010-03-19 #\$ \$Revision: 2368 \$

With respect to the Authori	ty, I am: (c) related to a member of staff	Do any of these s	tatements apply to you?
(a) a member of staff (b) an elected member	(c) related to a member of stall (d) related to an elected member	Yes	No
•			
If Yes, please provide detai	ls of the name, relationship and role		
0. Application For T	ree Works - Checklist		المائية
	cation form and additional information (Quest as been completed correctly and that all releven d information may result in your application b mit a valid form.		
Sketch Plan			· 
A sketch plan sho	wing the location of all trees (see Question 8)		
For all trees (see Question 7)			
<ul> <li>Clear identification</li> </ul>	on of the trees concerned		
<ul> <li>A full and clear sp</li> </ul>	pecification of the works to be carried out		
For works to trees prote (see Question 7)	cted by a TPO		
Have you:			
	or the proposed works?		
	ce in support of the stated reasons? in particu	lar:	
if your reasons	ons relate to the condition of the tree(s) - writt riate expert	en evidence ironi an	
<ul> <li>if you are al</li> </ul>	leging subsidence damage - a report by an ap	propriate engineer or surv	veyoi
and one in respect o	e from an arboriculturist. of other structural damage - written technical (	evidence	
	er information listed in Question 8?		
• included all othe	er information iisted in Question of		
11. Declaration - Tre	ees sent/give notice for tree work as described in	this form and the accomp	anying plans and additional inform
	sent/give flotice for thee work as described in	Or signed - Agent:	
Signed - Applicant:	<del>/ /                                  </del>		
Date (DD/MM/YYYY):	_		
07-07-10	(This date must not be before the date of sending or hand-delivery of the form)		
01-01-10	of sending of Harid-delivery of the 1911.		
12. Applicant Conta	act Details	13. Agent Contact D	etails
Telephone numbers		Telephone numbers	Ext
·	Extension	Country code: Nationa	il number: nur
<del>  <u>   </u>     -   -   -   -   -   -   -</del>	477757	Country code: Mobile	number (optional):
	number (optional):		
	3004	Country code: Fax nur	nber (optional):
Country code: Fax nu	mber (optional):	Tunitus	N-P
		Email address (optional):	
Email address (optional)	:	Citali dadiess (optional)	
mes a	tree surgeons. com		

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)

\$Date:: 2010-03-19 #\$ \$Revision: 2368 \$