C17 2016/3706

Camden

Application for tree works: works to trees subject to a preservation order (TPO) and/or notification of proposed works to trees in conservation areas (CA).

Town and Country Planning Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council'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 council's website, please contact the council's planning department.

Please complete using block capitals and black ink.
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	MR
First name:	
Last name:	MICHELL
Company (optional):	
Unit:	
House number:	11
House suffix:	
House name:	
Address 1:	DARTMOUTH PARK ROAD
Address 2:	
Address 3:	
Town:	LONDON
County:	
Country:	
Postcode:	NW5 1SU

2. Agent Name and Address

Title:	
First name:	
Last name:	
Company (optional):	CUSTOM CUTTERS TREE SPECIALISTS LTD
Unit:	
House number:	46
House suffix:	
House name:	
Address 1:	STANLEY ROAD
Address 2:	BOUNDS GREEN
Address 3:	
Town:	LONDON
County:	
Country:	
Postcode:	N11 2LE

3. Trees Location

Full address/location of the site where the tree(s) stand (including full postcode where available)

Unit: | House number: | House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (if known):

If there is not a full postal address, describe as clearly as possible where it is (for example, 'Land to the rear of 12 to 18 High Street' or 'Woodland adjoining Main Road') or provide a grid reference:

Easting:

Northing:

Description:

4. Trees Ownership

Is the applicant the owner of the tree(s): ☑ Yes ☐ No

If 'No' please provide the address of the owner (if know and if different from the trees location)

Title: | First name:

Last name:

Company (optional):

Unit: | House number: | House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

5. What Are You Applying For?

Are you wishing to carry out works to tree(s) in a Conservation Area (CA)? ☑ Yes ☐ No

Are you seeking consent for works to tree(s) Subject to a Tree Preservation Order (TPO)? ☐ Yes ☐ No

6. Tree Preservation Order Details

Do you know the title of the Tree Preservation Order (TPO)? ☐ Yes ☐ No

If Yes, please provide the title of the TPO:

7. Identification Of Tree(s) And Description Of Works

Please identify the tree(s) and provide a full and clear specification of the works you want to carry out. Enter the species of the tree(s) and include a sketch plan showing position(s) of the tree(s) in relation to buildings, named roads and boundaries. If the trees are protected by a TPO, if possible please number them as shown in the First Schedule to the Tree Preservation Order (for example T3 Oak; two Beech and one Birch in G2; seven Ash in A1; sycamore in W1).

Trees and proposed works:

REAR OF PROPERTY

EUCALYPTUS

CROWN REDUCE HEIGHT AND SPREAD BY 30% / TO PREVIOUS REDUCTION POINTS LEAVING SOME LIGHT EPICORMIC THROUGHOUT

CROWN THIN BY 20% AND CROWN LIFT TO 4M.

You might find it helpful to consult a tree surgeon to clarify what needs to be done.

Please state the reference number you have given the plan:

8. Trees - Reasons For Works

This section only needs to be completed if you are seeking consent to trees under a Tree Preservation Order (TPO)

Please state the reasons for carrying out the proposed works on the tree(s):

SYCAMORE

PRUNE UNRULY GROWTH IN UPPER CROWN TO NEATEN
REMOVE DEAD STUB OVERHANGING GARDEN
REMOVE EPICORMIC TO CROWN BREAK.

MANAGEMENT WORKS IN LINE WITH GOOD ARBORICULTURAL PRACTICE

Please indicate whether the reasons for carrying out the proposed works include any of the following. If so, your application must be accompanied by the documents specified.

Health or safety of the tree(s) - e.g. it is diseased, fears that it might break or fall: ☐ Yes ☐ No

If Yes, information required - report by a tree professional (e.g. arboriculturist, horticultural adviser).

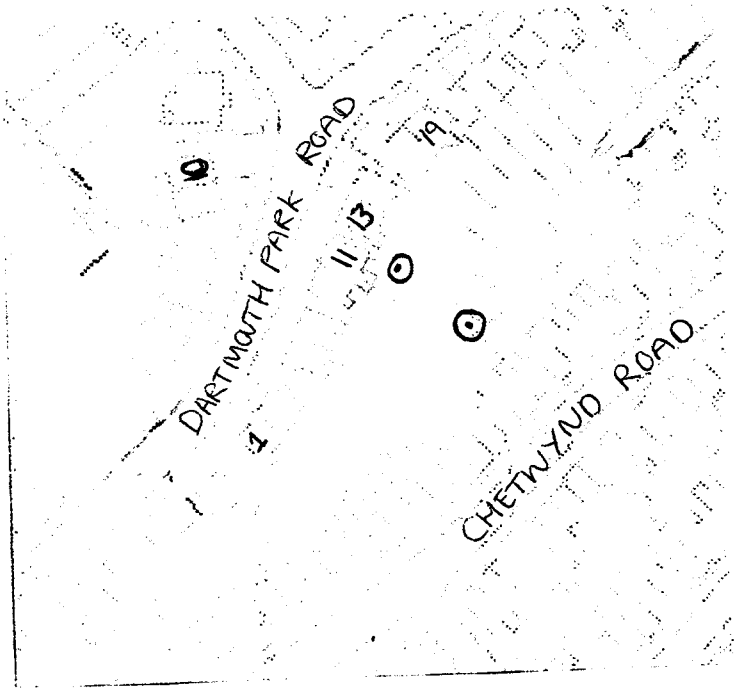
Alleged subsidence damage: ☐ Yes ☐ No

If Yes, Information required: Full report by an engineer or surveyor, together with one from a tree professional - to include date and description of property damage; sub-soil type and shrinkage potential; location of any roots found and their identification; history of ground and building movement through a distortion survey and/or level or crack monitoring over suitable period; other vegetation in the vicinity and its management since discovery of the damage.

9. Trees - Additional Information

Are you providing additional information in support of your application? ☐ Yes ☐ No

If Yes, please provide the reference numbers of plans, documents, professional reports etc in support of your application:



CLIENT

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AGENT

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