) +		Ro	56	D. Gu			/ Camder	n .
Car Arg	nning Services nden Town Hall yle Street	Email (enquir Telephone Fax	: (env.devcon@c 020 7974 1911 020 7974 1713	R_{EG}	K For off certs Date Entrace	9009/g	SRF =e
	cation for tre	e works: wor	ks to tre	ees sühilek	⁷⁵ υ _{ες} Matoatre	2003 e preserva	tion order (TPO)
, , , , , , , , , , , , , , , , , , , 	and/or notif	fication of pr	oposec	works to				,
		Town ar	nd Cour	ntry Plann	ing Act 1	990		
f you have potata Protect department se compour ou must use notice of wor	lete using block capi e this form if you are rks to trees in a conse	information as pa a do not wish to b tals and black ink. applying for work to ervation area).	e publishe	application wh d on the auth ected by a tree p	ority's websit	r e, please conta order (TPO). (You	may also use it to	's planr give
is importar	nt that you read the a	accompanying guida	ance notes l	pefore filling in 1	the form. With	out the correct i	nformation, your a	pplicat
	•	ddrass				nd Address		
1. Applica	ant Name and A				ent Name ar	nd Address First name:		
1. Applica	ant Name and A			2. Age	ent Name ar			
1. Application of the company of the	ant Name and A	ame:	3 LT	2. Age Title: Last nar	ent Name ar			
1. Application of the company (optional):	First na	ERS TREE	ouse fiffix:	2. Age Title: Last nar	ent Name ar		House suffix:	
I. Application of the company (optional): Unit:	First na First na House number:	ERS TREE	ouse offix:	2. Age Title: Last nar Compa (options) Unit:	ent Name ar	First name:		
1. Application of the company (optional): Unit: House name:	First na First na House number:	ERSTREE HO SSU SE NUR	ouse offix:	2. Age Title: Last nar Compa (options) Unit:	ent Name ar	First name:		
1. Application 1. Title: Last name: Company (optional): Unit: House name:	FUET CHE House number:	ERSTREE HO SSU SE NUR	ouse offix:	2. Age Title: Last nar Compai (options) Unit: House name:	ent Name ar	First name:		
1. Application of the company (optional): Unit: House name: Audress 1: Address 2:	FUET CHE House number:	ERSTREE HO SSU SE NUR	ouse offix:	2. Age Title: Last nar Compai (options) Unit: House name: Address	ent Name ar	First name:		
Title: Last name: Company (optional): Unit:	FUET CHE House number:	ERSTREE SE NUR LANE	ouse offix:	2. Age Title: Last nar Compai (options) Unit: House name: Address	ent Name ar	First name:		
1. Application of the company (optional): Unit: House name: Address 1: Address 3:	FUET CHE House number: PARADIS	ERSTREE SE NUR LANE	ouse offix:	Z. Age Title: Last nar Compai (option) Unit: House name: Address Address	ent Name ar	First name:		
1. Application of the company (optional): Unit: House name: Address 1: Address 2: Address 3:	FLETCHE House number: PARADIS PARK	ERSTREE SE NUR LANE UNT	ouse offix:	Z. Age Title: Last nar Companion (option) Unit: House name: Address Address Town:	ent Name ar	First name:		

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 House	Title: First name:
House name:	Company (optional): CIRCLE 33 HOUSING ASS
Address 1: ROCHESTER ROAD	Unit: House number: 1—7 House suffix:
Address 2:	House name:
Address 3:	Address 1: CORSICA STREET
Town: LONDON	Address 2:
County:	Address 3:
Postcode (if known): NWI	Town: LONDON
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: ENGUAND
Description:	Postcode: NS IJG.
	Telephone numbers Country code: National number: ORUS 749 7495 Extension number:
	Country code: Mobile number (optional):
	Country code: Fax number (optional):
	Country code: Fax number (optional):
	Email address (optional):
5. What Are You Applying For?	6. Tree Preservation Order Details
Are you seeking consent for works to tree(s) Yes No subject to a TPO?	If you know which TPO protects the tree(s), enter its title or number below.
Are you wishing to carry out works to tree(s)	
in a conservation area?	
	of the works you want to carry out. Continue on a separate sheet if con) 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.
IX SYCAMORE - FELL SG REASON - TREE HAS DECA	4 AT BASE.
2x SYCAMORES - POLLARD +	DEAD WOOD SE +CA
REASON - TREES OVER (TROW)	N MAINTENANCE.

and the second s		
. Identification Of Tree(s) And Description Of Works continued		
3. Trees - Additional Information		
Additional information may be attached to electronic communications or provided separa	tely in paper fo	ormat.
A sketch plan clearly showing the position of trees listed in Question 7 must be provided when a by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservatio t would also be helpful if you provided details of any advice given on site by an LPA officer.	pplying for worl n area (see guid	ks to trees covered ance notes).
For works to trees covered by a TPO Please indicate whether the reasons for carrying out the proposed works include any of the follow the accompanied by the necessary evidence to support your proposals. (See guidance note	wing. If so, you s for further def	r application tails)
 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. 	┌ Yes	T No
2. Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for:	Yes	T_No
Subsidence		
A report by an engineer or surveyor, to include a description of damage, vegeta and repair proposals. Also a report from an arboriculturist to support the tree w		g data, soil, roots
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of	damage and p	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, photog If they are being provided separately from this form, please detail how they are being submitte		pport of your applicatio
	art it galago i garago phojo ha dibili di pinichi de mojo i	and the second s

9. Application For Tree Works - Checklist							
Only one copy of the application form and additional information (Q make sure that this form has been completed correctly and that all re supply precise and detailed information may result in your applicatio but it may help you to submit a valid form.	elevant information is submitted. Please note that failure to						
Sketch Plan							
 A sketch plan showing the location of all trees (see Question 	n 8)						
For all trees (see Question 7)							
Clear identification of the trees concerned	<u> </u>						
 A full and clear specification of the works to be carried out 							
For works to trees protected by a TPO (see Question 8)							
Have you:							
stated reasons for the proposed works?							
 provided evidence in support of the stated reasons? in parti if your reasons relate to the condition of the tree(s) - w 							
appropriate expertif 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 8? 							
an other mormation issed in Question o.							
10. Declaration - Trees							
	in this form and the accompanying plans and additional information.						
Signed - Applicant:	Or signed - Agent:						
AUTCHO,							
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						
Country code: National number: Extension number:	Extensio. / Country code: National number: number:						
01992 628661							
Country code: Mobile number (optional):	Country code: Mobile number (optional):						
Country code: Fax number (optional):	Country code: Fax number (optional):						
Email address (optional):	Email address (optional):						
, II	I II I						

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)

