7.115 2010/2683

Planning Services Camden Town Hall **Argyle Street** London WC1H 8EQ Telephone

Fax

: 020 7974 5713

DLOZ AVM E Z

For office use

Date

Payee App. No. Fee

Application for tree works: works to trees 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: ANDREW	Title: MR First name: JoshuA			
Last name: POYNTER	Last name: DAVID			
Company (optional):	Company (optional): THE TREE CLINIC LED			
Unit: House number: 44 House suffix:	Unit: House number: 13 7 House suffix:			
House name:	House name:			
Address 1: PRINCE OF WALES RA	Address 1: BEAU FOXT ST			
Address 2:	Address 2:			
Address 3:	Address 3:			
Town: LONDON	Town: Landon			
County:	County:			
Country:	Country:			
Postcode: NWS 3LN	Postcode: SW3 6BS			

3. Trees Location				4. Trees Ov	wnership nt the owner of the tr	ree(s): Ves	□No
If all trees' stand at the address 4. Otherwise, please provide the where the tree(s) stand (include)	he full address/loca	ition of the	e site	If 'No' please p	provide the address of		LJ
Where the treety seems (4119 two persons	_	,	Title:	First nam	ne:	
Unit: House numb	er:	House suffix:		Last name:			
House name:	4 (A			Company (optional):			
Address 1:	. 18.0			Unit:	House number:	Hous suffix	
Address 2:				House name:			
Address 3:				Address 1:			
Town:				Address 2:			
County:				Address 3:			
Postcode (if known):				Town:			
If the location is unclear or the describe as clearly as possible	ere is not a full post	al address	, either d to the	County:			
rear of 12 to 18 High Street' of provide an Ordnance Survey	r 'Woodland adjoini	ing Elm Ro	oad') or	Country:			
Description:	gna reference.			Postcode:			
				Telephone nu Country code		 -	Extension number:
				Country coas	- National number	r;	muniber.
				Country code	e: Mobile number	(optional):	L
				Country code			
				Country code	e: Fax number (opt	llohai):	
				Email addres	s (optional):		
5. What Are You Apply	ing For?			6. Tree Pre	eservation Orde	Details	
				If you know w below.	hich TPO protects th	ne tree(s), enter its title	e or number
Are you seeking consent for subject to a TPO?	Works to tree(s)	Yes	☐ No				
Are you wishing to carry out in a conservation area?	works to tree(s)	Yes	☐ No				
	o(a) And Docari						
7. Identification Of Tre Please identify the tree(s) and	d provide a full and	clear spec	cification o				
necessary. You might find it u protected by a TPO, please n							
your sketch plan (see guidan Please provide the following	ce notes).						
trees are protected by a TPO	you must also prov	ide reasor	ns for the v	vork and, where	trees are being felle	d, please give your pr	
planting replacement trees (i E.g. Oak (T3) - fell because of e.							
LARGE HORSE	E CHESTA	JUT (1	FRUNT	Gpn) CLO	DIE TO A	louse to	
& POLLARD !	AT CROL	an B	REAL	C. BOOLOW	SE TREE	is causin	19
STRUCTURAL	DAMATE	. To	W	ILL AND	Possible	SUBSIDENC	E
ALSO BLOCKS					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000000	•

7. Identification Of Tree(s) And Description Of Works continued					
HOUSE CHESTA	υT				
8. Trees - Additional Information					
Additional information may be attached to electronic communications or provided separat	tely in paper 1	format.			
For all trees A sketch plan clearly showing the position of trees listed in Question 7 must be provided when all by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation it 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 follow must be accompanied by the necessary evidence to support your proposals. (See guidance note 1. 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.	n area (see gui wing. If so, yo	dance notes). ur application			
 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, vegetati and repair proposals. Also a report from an arboriculturist to support the tree wo Other structural damage (e.g. drains, walls and hard surfaces)	ork proposals.				
Written technical evidence from an appropriate expert, including description of c	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, photographic forms along the state of the state	aphs etc in sup	pport of your application.			
if they are being provided separately from this form, blease detail now they are being submitted.					
If they are being provided separately from this form, please detail how they are being submitted.					
ir they are being provided separately from this form, please detail now they are being submitted					

9. Authority Employee / Member With respect to the Authority, I am:					
(a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member	Do any of these statements apply to you? Yes No				
If Yes, please provide details of the name, relationship and role					
10. Application For Tree Works - Checklist					
make sure that this form has been completed correctly and that al	(Question 8) is required. Please use the guidance and this checklist to Il 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 	ion 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 	ıt 🖳				
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 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? 					
meladed an other mioritation instead in Quantum services					
11. Declaration - Trees I/we hereby apply for consent/give notice for tree work as describe Signed - Applicant:	ed in this form and the accompanying plans and additional information. Or signed - Agent:				
	18/ David				
Date (DD /MAA /WWW)					
Date (DD/MM/YYYY): (This date must not be before the date					
[Zo/o5/2010] (This date must not be before the date of sending or hand-delivery of the form	n)				
12. Applicant Contact Details	13. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Extension number:	Extension Country code: National number: number:				
0207 482 7086					
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
	07828 625019				
Country code: Fax number (optional):	Country code: Fax number (optional):				
	Frail address (auston - D)				
Email address (optional):	Email address (optional): Joshua @ free Clinic. Co. UK				
	11 OBS NOW C Tree Clarice, Co. UT				

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)