13/9 2009/47.95/T.



Camden

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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.

| r. Applicant Name and Address | 2. Agent Name and Address |
|-----------------------------------|--------------------------------------|
| Title: MRS First name: Cathenne | Title: MRS First name: PMIE |
| Last name: CONCLEON | Last name: TFMLCR |
| Company (optional): | Company (optional): ABPTREESURGER |
| Unit: House number: House suffix: | Unit: House number: House suffix: |
| House name: | House name: |
| Address 1: THE GROVE | Address 1: ROWLAND DRIVE |
| Address 2: | Address 2: |
| Address 3: HIGHGATE | Address 3: |
| Town: | Town: HERNEBAM |
| County: | County: KENT |
| Country: ENGLAND | Country: ENGIAND. |
| Postcode: N66JU | Postcode: CTG75A |

| 3. Trees Location | 4. Trees Ownership | | |
|--|--|--|--|
| 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): Yes No If 'No' please provide the address of the owner (if know and if different from the trees location) | | |
| Unit: House House suffix: | Title: First name: | | |
| House name: | Last name: | | |
| Address 1: THE GROVE | | | |
| Address 2: | (optional): House House House | | |
| Address 3: | Unit: House House suffix: | | |
| Town: | name: | | |
| County: | Address 1: | | |
| Postcode (if known): NG GTU | Address 2: | | |
| if there is not a full postal address, describe as clearly as possible | Address 3: | | |
| 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: | Town: | | |
| Easting: | County: | | |
| Northing: | Country: | | |
| Description: | Postcode: | | |
| | Telephone numbers Extension Country code: National number: number: | | |
| | | | |
| | Country code: Mobile number (optional): | | |
| | Country code: Fax number (optional): | | |
| | | | |
| | Email address (optional): | | |
| | | | |
| 5. What Are You Applying For? | 6. Tree Preservation Order Details | | |
| Are you wishing to carry out works to tree(s) | Do you know the title of the Tree Preservation Order (TPO)? | | |
| in a Conservation Area (CA)? | If Yes, please provide the title of the TPO; | | |
| Are you seeking consent for works to tree(s) Subject to a Tree Preservation Order (TPO)? Yes No | | | |
| Subject to a Tree Preservation Order (TPO)? | | | |
| 7. Identification Of Tree(s) And Description Of Works | | | |
| Please identify the tree(s) and provide a full and clear specification of include a sketch plan showing position(s) of the tree(s) in relation to be the tree of t | Wildings named roads and boundaries | | |
| If the trees are protected by a TPO, if possible please number them example T3 Oak; two Beech and one Birch in G2; seven Ash in A1; syca | as shown in the First Schedule to the Tree Preservation Order (for amore in W1). | | |
| frees and proposed works: | | | |
| 30% Crown Reduction | to Holmeoak thee | | |
| 30% Crown Reduction | n to Bay the o both | | |
| located in the rear | | | |
| You might find it helpful to consult a tree surgeon to clarify what need | ds to be done. | | |
| Please state the reference number you have given the plan: | | | |
| | \$Date: 2007/08/22 15:20:09 \$ \$Revision: 1.23 \$ | | |

| This section only needs to be completed if you are seeking conserve to the event of the Turn D | | | |
|---|--------------------------------|--|--------------------|
| 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): | | | |
| WORKS REQUIRED TO ENS | SUR | E | |
| CONTINUED MEALTH AND | NET | LBEIN | √₫ |
| OF TREES AND TO GREAT | TE L | IGNT | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Please indicate whether the reasons for carrying out the proposed works include any of the | ollowing If s | o your application must | |
| accompanied by the documents specified. | onowing, it s | 1 | Je |
| 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 free | om a tree pro | ofessional - to include da | te and |
| description of property damage; sub-soil type and shrinkage potential; location of any ro ground and building movement through a distortion survey and/or level or crack monitor | ots found an ing over suita | d their identification; hist able period; other vegeta: | tory of tion 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 | n support of y | our application: | |
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| Please use this checklist to ensure that the form has been completed or | |
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| FICASE USE UNS CHECKIST TO ENSURE THAT THE FORM HAS BEEN COMPLETED OF | orrectly and that all relevant information is submitted. |
| For works to trees protected by a Tree Preservation Order, failure to sup application being rejected or delay in dealing with it. In particular, you | pply sufficiently precise and detailed information may result in your MUST provide the following: |
| 3 copies of a completed and dated application form. | |
| 3 copies of a sketch plan showing the location of all tree(s). | |
| 3 copies of a full and clear specification of the works to be carried out. | |
| 3 copies of a statement of reasons for the proposed work. | |
| safety of the tree(s). | or horticultural adviser) if your reasons relate to the health and/or |
| subsidence damage. | one from a tree professional (arboriculturist) if you are alleging |
| For works to trees in conservation areas, it is important to supply preci wish to provide the following: 3 copies of a completed and dated form, with all questions answered. | se and detailed information on your proposal. You may, therefore, |
| 3 copies of a sketch plan showing the precise location of all tree(s). | |
| 3 copies of a full and clear specification of the works to be carried out. | |
| Whether the trees are protected by a TPO or in a conservation area, ple following types of additional information you are submitting (3 copies | ease indicate which of the of each need to be provided): |
| - photographs. 🗌 | |
| - report by a tree professional (arboriculturist) or other. 🗹 | |
| - details of any assistance or advice sought from a Local Planning Auth | nority officer prior to submitting this form. |
| 11. Declaration Trees | |
| I/we hereby apply for consent/give notice as described in this form an | |
| Signed - Applicant: | Or signed Agent: |
| | Verk of |
| | |
| Date (DD/MM/YYY): | |
| 12 00 00 (date cannot be | |
| | |
| 12. Applicant Contact Details | 13. Agent Contact Details |
| 13 09 09 (date cannot be pre-application) 12. Applicant Contact Details Telephone numbers MRS CATHERINE CONDRON | Telephone numbers |
| 12. Applicant Contact Details | Telephone numbers Country code: National number: Extension number: |
| 13 09 09 (date cannot be pre-application) 12. Applicant Contact Details Telephone numbers MRS CATHERINE CONDRON Country code: National number: Laboration | Telephone numbers Extension Country code: National number: 01223 |
| 13 09 09 (date cannot be pre-application) 12. Applicant Contact Details Telephone numbers MRS CATHERINE CON DRON Extension | Telephone numbers Country code: National number: Extension number: |
| 13 09 09 (date cannot be pre-application) 12. Applicant Contact Details Telephone numbers MRS CATHERINE CONDRON Country code: National number: Country code: Mobile number (optional): | Telephone numbers Extension number: Country code: National number: O1223 Automation number: Country code: Mobile number (optional): |
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