| •<br>•  | 2009/2841/T  | TPO 26 Camden ("C)  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
|   | amden Town Hall Telephone : 0  | nv.devcon@camden.gov.uk For office use<br>20 7974 1911 Date<br>20 7974 5713 Payee<br>App. No.   |  |  |  |  |  |  |
| Applica                                       | tion for tree works: works to tree   | is subject to a tree preservation order (TPO)   |  |  |  |  |  |  |
|   | and/or notification of proposed  | works to trees in a conservation area.  |  |  |  |  |  |  |
|   | Town and Cour  | ntry Planning Act 1990  |  |  |  |  |  |  |
| Please not<br>supporting<br>if you have       | i documents may be published on the authority's ν<br>i provided any other information as part of your ap<br>ction Act which you do not wish to be published o  | ils, the information provided on this application form and in vebsite.<br>plication which fails within the definition of personal data under the – n the authority's planning – |  |  |  |  |  |  |
| You must us<br>notice of wo<br>It is importat | Please complete using block capitals and black ink.<br>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<br>notice of works to trees in a conservation area).<br>It is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your application /<br>notice cannot proceed. |   |  |  |  |  |  |  |
| 1. Applic                                     | ant Name and Address   | 2. Agent Name and Address   |  |  |  |  |  |  |
| Title:  | Mr First name: Donovan   | Title: Mr First name: Mark  |  |  |  |  |  |  |
| Last name:                                    | Walker   | Last name: Wadey  |  |  |  |  |  |  |
| Company<br>(optional):                        | Community Solutions for Primary Care   | Company<br>(optional): Barrell Treecare   |  |  |  |  |  |  |
| Unit:   | House House number: 10 suffix:   | Unit: House House suffix:   |  |  |  |  |  |  |
| House<br>name:                                | Chancery Exchange  | House<br>name: Field House  |  |  |  |  |  |  |
| Address 1:                                    | Furnival Street  | Address 1: Fordingbridge Business Park  |  |  |  |  |  |  |
| Address 2:                                    |  | Address 2: Ashford Road   |  |  |  |  |  |  |
| Address 3:                                    |  | Address 3:  |  |  |  |  |  |  |
| Town:   | London   | Town: Fordingbridge   |  |  |  |  |  |  |
| County:                                       |  | County: Hampshire   |  |  |  |  |  |  |
| Country:                                      | ик   | Country: UK   |  |  |  |  |  |  |

Postcode:

SP6 1BY

Postcode:

EC4A 1AB

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| 3. Trees Lo  | ocation  |  |   | 4. Trees Ov  | wnership  |   |                            |
|--|--|--|---|--|---|---|----------------------------|
| 4. Otherwise,  | please provide the fu  | own in Question 1, go to<br>ull address/location of th<br>full postcode where ava  | ne site   | If 'No' please pri   | the owner of the tree(s):<br>ovide the address of the<br>and if different from the  | المحيا  | ∏ No                       |
| Unit:  | House  | Hous   |   | Title:   | First na  | me:   |                            |
| L<br>House   | number:  | suffix   | : <u>L</u> _  | Last name:   |   |   |                            |
| name: [<br>Address 1: [  | Kentish Town H<br>Bartholomew Ro   |  |   | (optional):  |   |   |                            |
| Address 2:   |  |  |   | Unit:  | House<br>number:  | · · ·   | House                      |
| Address 3:   |  |  |   | House<br>name:   |   |   |                            |
| Town:  | London   |  | {   | Address 1:   |   |   |                            |
| L.   |  |  |   | Address 2:   |   |   |                            |
| County:  |  |  | ]   | Address 3:   |   |   |                            |
| (if known):  | NW5 2BX  |  |   | Town:  |   |   | ]                          |
| describe as cl   | learly as possible whe   | not a full postal addres<br>ere it is (for example, 'L   | and to the  | County:  |   |   |                            |
|  | 18 High Street' or 'Wo<br>rdnance Survey grid  | oodland adjoining Elm R<br>reference:  | (Oad') or   | Country:   |   |   |                            |
| Description:   |  |  |   | Postcode:  |   |   |                            |
|  |  |  |   | Telephone nu<br>Country code   | imbers<br>: National number:  |   | Extension number:          |
|  |  |  |   |  | 7   |   |                            |
|  |  |  |   | Country code   | Mobile number (   | optional):  |                            |
|  |  |  |   | Country code   | Fax number (op)   | lional).  |                            |
|  |  |  |   |  |   |   | -,                         |
|  |  |  |   | Email addres   | s (optional):   |   |                            |
|  | <u> </u>   |  | ]   | IL   |   |   | J                          |
| 5. What Ar   | e You Applying F   | or?  |   | 6. Tree Pre  | servation Order [   | Details   |                            |
|  | king consent for works   | a ta tracia)   |   | lf you know w<br>below.  | hich TPO protects the   | e tree(s), enter its i  | title or number            |
| subject to a 1   |  | Yes  | No No   |  |   | ·   |                            |
|  | ing to carry out works   | s to tree(s)<br>[√] Yes  | [_] No  |  |   |   |                            |
| in a conserva  | ation area?  |  |   | //   |   |   | J                          |
| Please identi<br>necessary. Y<br>protected by<br>your sketch p<br>Please provi-<br>trees are pro<br>planting repla | ify the tree(s) and pro<br>'ou might find it usefu<br>a TPO, please numb<br>blan (see guidance no<br>de the following inforr<br>tected by a TPO you<br>acement trees (includ | And Description Of<br>ovide a full and clear spo-<br>il to contact an arborist<br>wer them as shown in the<br>otes).<br>mation below : tree spec<br>must also provide reas<br>ling quantity, species, p<br>cessive shading and low | ecification of t<br>(tree surgeon<br>e First Schedu<br>cies (and the i<br>ons for the wo<br>osition and sit | ) for help with de<br>ule to the TPO w<br>number used on<br>ork and, where to<br>ze) or reasons fo | fining appropriate wo<br>here this is available.<br>the sketch plan) and<br>ees are being felled,<br>r not wanting to repla | rk. Where trees an<br>Use the same nur<br>description of worl<br>please give your p<br>int. | e<br>nbers on<br>ks. Where |
| Pl€  | ease refer to the  | enclosed location  | n plan and  | schedule   |   |   |                            |
|  | ·····  |  |   |  |   |   |                            |
|  |  |  |   |  |   | SOate: 2008/08/27 10:36   | 3:10 \$ \$Revision: 4.0 \$ |

# Identification Of Tree(s) And Description Of Works

continued.

### 8. Trees - Additional Information

additional information may be attached to electronic communications or provided separately in paper format.

#### or all trees

A sketch plan clearly showing the position of trees listed in Question 7 must be provided when applying for works to trees covered by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation area (see guidance notes). It 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

| lease indicate whether the reasons for carrying out the proposed works inclu | Ide any of the following. If so, your application |
|--|---|
| ust be accompanied by the necessary evidence to support your proposals. (    | See guidance notes for further details)           |

| <ol> <li>Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall:<br/>If YES, you are required to provide written arboricultural advice or other</li> </ol> | ∏ Yes        | I₹ No |
|--|--------------|-------|
| diagnostic information from an appropriate expert.   |              |       |
| <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>  | <b>⊢</b> Yes | V No  |
| Subsidence   | iti det      |       |

A report by an engineer or surveyor, to include a description of damage, vegetation, monitoring data, soil, roots and repair proposals. Also a report from an arboriculturist to support the tree work proposals.

Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of damage and possible solutions.

| ocumente | and plans | (for any tree) |  |
|----------|-----------|----------------|--|
|----------|-----------|----------------|--|

| ∖re y | ou providing | separate information | (e.g. an | additional s | ichedule of | work for ( | Question 7 | }? |
|-------|--------------|----------------------|----------|--------------|-------------|------------|------------|----|
|-------|--------------|----------------------|----------|--------------|-------------|------------|------------|----|

[√ Yes [ No

If YES, please provide the reference numbers of plans, documents, professional reports, photographs etc in support of your application. If they are being provided separately from this form, please detail how they are being submitted.

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## Application For Tree Works - Checklist

| Application for free molys - Greekist   |           |  |  |  |
|---|-----------|--|--|--|
| ly one copy of the application form and additional information (Question 8) is required. Please use the guidance and this checklist to<br>ke sure that this form has been completed correctly and that all relevant information is submitted. Please note that failure to<br>oply precise and detailed information may result in your application being rejected or delayed. You do not need to fill out this section,<br>it may help you to submit a valid form. |           |  |  |  |
| etch Plan   |           |  |  |  |
| <ul> <li>A sketch plan showing the location of all trees (see Question 8)</li> </ul>  |           |  |  |  |
| For all trees<br>(see Question 7)<br>Clear identification of the trees concerned  |           |  |  |  |
| A full and clear specification of the works to be carried out   |           |  |  |  |
| r works to trees protected by a TPO<br>ee Question 8)   |           |  |  |  |
| ive you:  |           |  |  |  |
| stated reasons for the proposed works?  |           |  |  |  |
| <ul><li>provided evidence in support of the stated reasons? in particular;</li></ul>  |           |  |  |  |
| if your reasons relate to the condition of the tree(s) - written evidence from an appropriate expert  | $\square$ |  |  |  |
| if you are alleging subsidence damage - a report by an appropriate engineer or surveyor<br>and one from an arboriculturist.   |           |  |  |  |
| in respect of other structural damage - written technical evidence  |           |  |  |  |
| <ul> <li>included all other information listed in Question 8?</li> </ul>  |           |  |  |  |

# Declaration - Trees

| e hereby apply for consent/give notice for tree work as described in f | his form and the accompanying plans and additional information. |
|--|---|
| jned - Applicant:  | Or signed - Agent:  |
|  |   |

| te (DD/MM/YYYY):                      |   |   |                      |  |  |
|---------------------------------------|---|---|----------------------|--|--|
|                                       | t not be before the date<br>and-delivery of the form) |   |                      |  |  |
| Applicant Contact Details             |   | 12. Agent Contact Details               |                      |  |  |
| ephone numbers                        |   | Telephone numbers                       |                      |  |  |
| untry code: National number:          | Extension<br>number:                                  | Country code: National number:          | Extension<br>number: |  |  |
| 0923357                               |   | 01425 651470                            |                      |  |  |
| untry code: Mobile number (optional): |   | Country code: Mobile number (optional): |                      |  |  |
| 07929 051747                          |   | 07973 123769                            |                      |  |  |
| untry code: Fax number (optional):    |   | Country code: Fax number (optional):    |                      |  |  |
|                                       |   |   |                      |  |  |
| nail address (optional):              |   | Email address (optional):               | <b>-</b>             |  |  |
| Donovan.walker@community-solu         | utions.co.uk  | mark@barrelltreecare.co.uk              | ]                    |  |  |
|                                       |   | //                                      |                      |  |  |

ctronic communication - If you submit this form by fax or e-mail the LPA may communicate with you in the same manner.

ease see guidance notes)