

Planning Services Camden Town Hall Aravle Street London WC1H 8FO Email (enquiries only): env.devcon@camden.gov.uk Telephone

Fax

: 020 7974 1911 020 7974 5713 For office use Date Pavee App. No.

Fee

Application for tree works: works to trees subject 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.

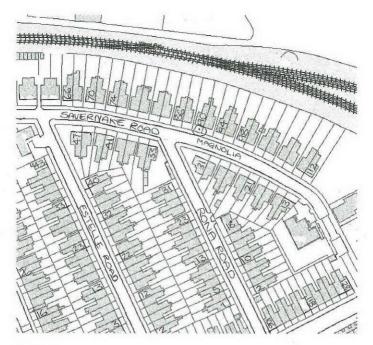
1. Applic	ant Name and Address	2. Agent Name and Address
Title:	First name: JOY	Title: First name:
Last name:	PALMER	Last name:
Company (optional):		Company (optional): CUSTOM CUTTERS TREE SPECIALISTS ()
Unit:	House number:	Unit: House number: 46 House suffix:
House name:		House name:
Address 1:	SAVERNAKE ROAD	Address 1: STANLEY ROAD
Address 2:		Address 2: BOUNDS GREEN
Address 3:		Address 3:
Town:	LONDON	Town: LONDON
County:		County:
Country:		Country:
Postcode:	NW3 ZJR	Postcode: NII 2 LE

3. Trees Loca	ation			4. Trees Ow	nership		100	
4. Otherwise, ple	at the address shown in C ease provide the full addre s) stand (including full pos	ss/location of th	ne site	Is the applicant If 'No' please pr	the owner of the ovide the address and if different f	of the	Yes location)	No
_			_	Title:	First na	me:		
Unit:	House number:	House suffix:		Last name:				
House name:				Company (optional):				
Address 1:				Unit:	House		House	T
Address 2:				House	number:		suffix:	1
Address 3:				Address 1:				
Town:				Address 2:		_	2752	
County:				Address 3:			ration is	
Postcode (if known):				Town:				-
If the location is	unclear or there is not a fu	ıll postal addres	s, either	County:				
rear of 12 to 18 h	rly as possible where it is (High Street' or 'Woodland	adjoining Elm R	nd to the oad') or	Country:				7843
	nance Survey grid referen	e:		Postcode:	700000000		- maga-mar	
Description:				Telephone num	hore	20		
				Country code:	National numb	er:		Extension number:
				Country code:	Mobile number	(optional):		~~~
				Country code:	Fax number (op	tional):	=	
				Email address (optional):			
5. What Are	You Applying For?	0		6. Tree Pres	ervation Orde	r Details		
				If you know whi	ch TPO protects t	ne tree(s), ent	er its title c	or number
Are you seeking subject to a TPC	consent for works to tree 0?	e(s) Yes	No	below.		2000000 000		-
Are you wishing in a conservatio	to carry out works to tree n area?	(s) Ves	□ No					
7. Identificat	tion Of Tree(s) And D	escription O	fWorks					
Please identify to necessary. You re protected by a Tayour sketch plan Please provide to trees are protect planting replace	he tree(s) and provide a funight find it useful to control, properties of the control of the con	ill and clear spec act an arborist (as shown in the below: tree spec provide reason intity, species, p	ification of tree surged First Sched cies (and the ns for the wosition and	on) for help with de fule to the TPO wh he number used or work and, where tre is size) or reasons fo	efining appropriation of the sketch plan) the sketch plan) the same being felle or not wanting to	te work. Wher le. Use the sar and description d, please give replant.	re trees are ne number on of work	rs on
	OF THE PROP	-	, value. I		ad a darini trie sar	ne place.		

MAGNOLIA - CROWN REDUCE HEIGHT AND SPREAD BY 25%

MAINTENANCE WORKS IN LINE WITH GOOD ARBORITULTURAL PRACTICE

CROWN THIN BY 15%
CROWN LIFT TO 2:5M



CLIENT
JOY PALMER
90°, SAVERNAKE ROAD,
LONDON,
NN3 2JR

AGENT
CUSTOM CUTTERS TREE SPECIALISTS LTD
46, STANLEY ROAD,
BOUNDS GREEN,
LONDON,
NII 21 E

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	YES, please provide the reference numbers of plans, documents, professional reports, photogri- they are being provided separately from this form, please detail how they are being submitted	aphs et	tc in sup	port o	f your application
			-	-	

vith respect to the Autho a) a member of staff b) an elected member	rity, I am: (c) related to a member of staff (d) related to an elected member		ny of these statement: Yes	s apply to you?
f Yes, please provide deta	ails of the name, relationship and role			
Antica La				
0. Application For T	ree Works - Checklist		The state of the s	
nake sure that this form h	ication form and additional information as been completed correctly and that all d information may result in your applica mit a valid form.	relevant information	on is submitted. Please	note that failure to
ketch Plan				
 A sketch plan sho 	owing the location of all trees (see Questi	ion 8)		
or all trees				
ee Question 7) Clear identification	on of the trees concerned			
 A full and clear sp 	ecification of the works to be carried ou	t		
or works to trees prote	cted by a TPO			_
ee Question 7)				
ave you:	r the proposed works?			
		March & Committee of the Committee of th		
	e in support of the stated reasons? in pa ons relate to the condition of the tree(s) -		om an	П
	iate expert eging subsidence damage - a report by a	an appropriate engl	neer or surveyor	
and one	from an arboriculturist. other structural damage - written techn			
***		ical evidence		
Included all other	information listed in Question 8?			
1. Declaration - Tre				
we hereby apply for cons igned - Applicant:	ent/give notice for tree work as describe	d in this form and th	ne accompanying plan	s and additional informa
gried - Applicant.		ni i		
ate (DD/MM/YYYY);	V 94W - 1 - 1 - 1 - 1			
	(This date must not be before the date	s	Ro.	
22/04/2014	of sending or hand-delivery of the form	1)		
	t Details	13. Agent Co	ontact Details	
2. Applicant Contac		1	hers	
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\$Date:: 2010-09-10 IS \$Revision: 2999 \$

9. Authority Employee / Member