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. Applie | ant Name and Address | 2. Agent Name and Address | | | |
|------------------------|----------------------|------------------------------------|--|--|--|
| Title: | First name: | Title: First name: | | | |
| Last name: | | Last name: | | | |
| Company (optional): | | Company (optional): UGL LTD | | | |
| Unit: | House House suffix: | Unit: House House number: suffix: | | | |
| House name: | | House name: | | | |
| Address 1; | FITZROY FARM | Address 1: ISS MAKEPEACE MAINSIONS | | | |
| Address 2: | Fitzro7 Rark | Address 2: MAKEPEACE AVENUE | | | |
| Address 3: | | Address 3: | | | |
| Town: | LONDON | Town: LONDON | | | |
| County: | | County: | | | |
| Country: | | Country: | | | |
| Postcode: | N6. | Postcode: N6 6ES | | | |
| | | | | | |

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| 3. Trees L | ocation | | | | 4. Trees | Owners | hip | | 1 | |
|--|--|---|--|--|---|---|---|--|--|----------------------|
| 4. Otherwise, | , please provide | the full addre | uestion 1, go to Qu ss/location of the s code where availal | ite | If 'No' plea | se provide | wner of the t the address if different fr | | res ition) |] No |
| | Hous | | House | | Title; | | First nar | ne: | | |
| Unit: | num | | suffix: | | Last name | | | | | |
| House name: | Fitzr | ROY F | arn | | Company (optional): | | | | | |
| Address 1: | Fifzr | oy P | ark. | | Unit: | | House number: | | House suffix: | |
| Address 2: | | | | | House | | number | | SUHIX: | |
| Address 3: | | | | | name: Address 1: | | | | | |
| Town: | | | | | Address 2: | | | | | |
| County: | | | | | | | | | | |
| Postcode (if known): | N6 - | | | | Address 3: Town: | | | | | |
| | | | ill postal address, ei | | County: | | | | | |
| | | | or example, 'Land t adjoining Elm Road | | Country: | | | | | |
| | Ordnance Surve | | | | | | | | | |
| Description: | | | | | Postcode: | L., | | | | |
| | | | | | Telephone Country o | | ional numbe | r | | nsion ber: |
| | | | | | | | | | | |
| | | | | | Country o | ode: Mo | bile number | (optional): | | |
| | | | | | | | | | | |
| | | | | | Country o | ode: Fax | number (op | tional): | | |
| | | | | | Email add | ress (optio | n all: | | | |
| | | | | | Linan aud | ress (optio | iiai). | | | |
| | | | | = | | | | | | |
| 5. What A | re You Apply | ying For? | | | | | tion Order | | | |
| Are you seel subject to a | king consent for TPO? | works to tre | e(s) D ves |] No | If you know below. | v which TP | O protects th | e tree(s), enter it | s title or nu | amber. |
| Are you wish in a conserv | hing to carry out ation area? | t works to tree | Yes [|] No | | | | | | |
| Please ident necessary. Y protected by your sketch Please provi trees are pro- planting rep E.a. Oak (T3) | ify the tree(s) are ou might find it y a TPO, please r plan (see guidal de the following stected by a TPO liacement trees - fell because of | nd provide a fu useful to com- number them- nce notes), g information) you must als (including qui excessive shad | lescription Of M Ill and clear specific fact an arborist (treas as shown in the Fire below: tree species o provide reasons for intity, species, positing and low amenity | eation of e surgeo st Sched (and th or the w tion and | n) for help w ule to the TP e number us ork and, whe size) or reas eplant with | on the ed on the ere trees are ons for not standard | g appropriat his is availabl sketch plan) a e being feller wanting to r ash in the san | e work. Where tri e. Use the same r and description of f, please give you eplant. ie place. | ees are numbers or if works. W ir proposa | n /here ls for |
| (1) (2) H | Oak = | Crown | reduce reduce | ЬЧ | upto | 1.5m | and | remore | dea | d |
| - 0 | Wood | | rodaire | by | vote | 1.50 | can d | remove | clou | 1 |
| (F) (3) -1 | Dak= | Crown | 1,000(0 | -7 | -1 | , | unot | | | |

Sodead wood and reduce crown by Im

| 6 oak, reduce dead with the control oak. reduce All trees to he a charcoal base fertalisation. | crown bood crown are roots sed men | by upto by upto s deco | 3 m 3 ompa . Tre | m an arted c | d res | wination ead wood. Wood with deep root |
|--|---|--|---|--|-----------------------------------|--|
| main co | 3) @ | | (c) | Tennis Court | | |
| | | (3) | (6) | | | |
| For all trees A sketch plan clearly showing the pc by a TPO. A sketch plan is also advis it would also be helpful if you provid For works to trees covered by a TP Please indicate whether the reasons must be accompanied by the necess | ed when notifying ti ed details of any ad o for carrying out the | he LPA of works vice given on si proposed work | to trees in te by an LP s include a | a conservation A officer. ny of the follow | n area (see gu wing. If so, yo | idance notes). |
| Condition of the tree(s) - e.g. If YES, you are required to diagnostic information f | o provide written ar | boricultural adv | | | {** Yes | TNO |
| Alleged damage to property If YES, you are required to Subsidence | | damage to dra | ins or drive | es. | Yes | No |
| A report by an engin- and repair proposals. | | | | | | |
| Other structural dama Written technical evi | dence from an appre | | | escription of d | amage and p | ossible solutions. |
| Documents and plans (for any tree | e) on (e.g. an addition | al schedule of v | ork for Qu | estion 7)? | ☐ Yes | 1 No |
| Are you providing separate informat | | | | | | |

| With respect to the Author (a) a member of staff (b) an elected member | | Do any of these st | atements apply to you? |
|---|---|--|--|
| If Yes, please provide deta | ils of the name, relationship and role | | |
| 10. Application For T | ree Works - Checklist | | |
| make sure that this form ha | cation form and additional information (C is been completed correctly and that all r I information may result in your applicati nit a valid form. | elevant information is submitte | d. Please note that failure to |
| Sketch Plan | | | |
| A sketch plan short | wing the location of all trees (see Questio | in 8) | |
| For all trees | | | |
| (see Question 7) | | | 4 |
| | n of the trees concerned | | ~ |
| | ecification of the works to be carried out | | |
| For works to trees protect (see Question 7) | ted by a TPO | | |
| Have you: | | | |
| stated reasons for | the proposed works? | | |
| if your reasor appropria if you are alleand one f | e in support of the stated reasons? in part is relate to the condition of the tree(s) - v ite expert ging subsidence damage - a report by ar rom an arboriculturist. other structural damage - written technic | vritten evidence from an n appropriate engineer or survey | |
| | | AND TO PRODUCTION | |
| Included all other | information listed in Question 8? | | Z. |
| information. I/we confirm the genuine opinions of the per Signed - Applicant: Date (DD/MM/YYYY): | ing permission/consent as described in that, to the best of my/our knowledge, any | his form and the accompanying facts stated are true and accura | plans/drawings and additional ate and any opinions given are the |
| 12. Applicant Contact | Details | 13. Agent Contact Deta | ils |
| Telephone numbers | Extension | Telephone numbers | Extension |
| Country code: National n | | Country code: National nu | |
| | | | |
| Country code: Mobile nu | mber (optional): | Country code: Mobile num | iber (optional): |
| Country code: Fax number | er (optional): | Country code: Fax number | (antional): |
| | | | TO DO CONTROL OF THE PARTY OF T |
| Email address (optional): | | Email address (optional): | |
| | | | |
| Electronic communication - | If you submit this form by fax or e-mail th | ne LPA may communicate with y | ou in the same manner. |

9. Authority Employee / Member