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. Applicant Name and Address		2. Agent Name and Address
Title:	MS First name: JOANNA	Title: First name: ADAM
Last name:	EBNER	Last name: JORY
Company (optional):		Company (optional): CITY SUBURBAN TREE SURGEONS
Unit:	House number: 56 House suffix:	Unit: House number: House suffix:
House name:		House name: LARKHALL PARK DEPOT
Address 1:	PRIMROSE GARDENS	Address 1: COURLAND CROVE,
Address 2:		Address 2: OFF LARKHALL LANE
Address 3:		Address 3:
Town:	LONDON	Town: LONDON
County:		County:
Country:	UK	Country: UK.
Postcode:	NW3 4TP	Postcode: SW8 2PX

3. Trees Location	4. Trees Ownership
If all trees stand at the address shown in Question 1, go to Question 4. Otherwise, please provide the 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): If 'No' please provide the address of the owner (if known and if different from the trees location)
Unit: House 60 House	Title: First name:
House Touse suffix:	Last name:
Address 1: POIMPOSE C. DODENIC	Company (optional):
TETHTIOSO MINEBOIOS	Unit: House number: House suffix:
Address 2:	House name:
Address 3:	Address 1:
Town: LONDON	Address 2:
County:	Address 3:
(if known): NW3 4TP	Town:
If the location is unclear or there is not a full postal address, either describe as clearly as possible where it is (for example, 'Land to the	County:
rear of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or provide an Ordnance Survey grid reference:	Country:
Description:	Postcode:
TREE IS LOCATED IN THE	Telephone numbers Extension
TREE IS LOCATED IN THE FRONT CLARDEN OF 56 PRIMROSE CLARDENS	Country code: National number: number:
PRIMROSE CARDENS	Country code: Mobile number (optional):
The second second	
	Country code: Fax number (optional):
	Email address (optional):
5. What Are You Applying For?	6. Tree Preservation Order Details
	If you know which TPO protects the tree(s), enter its title or numbe
Are you seeking consent for works to tree(s) Yes No	below.
Are you wishing to carry out works to tree(s)	28H
in a conservation area? Yes No	
7. Identification Of Tree(s) And Description Of Works	
Please identify the tree(s) and provide a full and clear specification of necessary. You might find it useful to contact an arborist (tree surgeo	the works you want to carry out. Continue on a separate sheet if
protected by a TPO, please number them as shown in the First Schedu your sketch plan (see guidance notes).	ule to the TPO where this is available. Use the same numbers on
Please provide the following information below: tree species (and the	e number used on the sketch plan) and description of works. Where
trees are protected by a TPO you must also provide reasons for the wo planting replacement trees (including quantity, species, position and	size) or reasons for not wanting to replant.
E.g. Oak (T3) - fell because of excessive shading and low amenity value. Re	
Pobinia (TI) a) REMOVE DE OVERHANGING CARPARK. BY 25% (OFF) ADAM JOK OFF) CITY SUBVE	AD LIMB AS IT IS
OVERHANGING CARPADK	6) CROWN OF DIRE TOFE
By 25% COT ADAM	Open AT many
(P) CUTY SUBJECT	PAN TREE WALFORD

7. Identification Of Tree(s) And Description Of	Works continued
HOUSE	
	DEAD SECTION OF TREE
	15 LEANING OVER CAR PAR
	BACK TOWARDS HOUSE.
PRIMROSE CLARDENS ROAD	THE REST OF THE TREE REQUIRES BALANCING OUR AND REDUCING OVERHAND BRANCHES BACK TO REVIOUS POINTS, LAST PRUNED IN APRIL 2011.
8. Trees - Additional Information	
Additional information may be attached to electronic co	mmunications or provided separately in paper format.
by a TPO. A sketch plan is also advised when notifying the LI It would also be helpful if you provided details of any advice For works to trees covered by a TPO	posed works include any of the following. If so, your application
 Condition of the tree(s) - e.g. it is diseased or you have If YES, you are required to provide written arboric diagnostic information from an appropriate expension. 	icultural advice or other
Alleged damage to property - e.g. subsidence or dar If YES, you are required to provide for:	mage to drains or drives.
and repair proposals. Also a report from an a	de a description of damage, vegetation, monitoring data, soil, roots irboriculturist to support the tree work proposals.
Other structural damage (e.g. drains, walls and Written technical evidence from an appropria	d hard surfaces) ate expert, including description of damage and possible solutions.
Documents and plans (for any tree) Are you providing separate information (e.g. an additional sci	hedule of work for Question 7)?
If YES, please provide the reference numbers of plans, docum If they are being provided separately from this form, please d	nents, professional reports, photographs etc in support of your application. detail how they are being submitted.
A LIMB, APPROX. 60CM	U DIAMETER HAS DIED BACK,
AND AS TREE IS A	N DIAMETER HAS DIED BACK, ROBINIA, THERE IS A HIGH WILL FAIL AND POSSIBLY PERSON'S OR PROPERTY.
CHANCE THIS CIMB	WILL FAIL AND POSSIBLY
CHUSE DAMAGE TO	PERSON'S OR PROPERTY.

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9. Authority Employee / Member	
With respect to the Authority, I am:	
(a) a member of staff (c) related to a member of staff (b) an elected member (d) related to an elected member	Do any of these statements apply to you?
Annual state of the control of the c	☐ Yes ✓ No
If Yes, please provide details of the name, relationship and role	
10. Application For Tree Works - Checklist	
Only one copy of the application form and additional information (Q make sure that this form has been completed correctly and that all resupply precise and detailed information may result in your application but it may help you to submit a valid form.	elevant information is submitted. Please note that failure to
Sketch Plan	
 A sketch plan showing the location of all trees (see Question 	n 8)
For all trees (see Question 7)	
 Clear identification of the trees concerned 	
 A full and clear specification of the works to be carried out 	
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 partice if your reasons relate to the condition of the tree(s) - wrappropriate expert if you are alleging subsidence damage - a report by an and one from an arboriculturist. in respect of other structural damage - written technical included all other information listed in Question 8? 	appropriate engineer or surveyor
11. Declaration - Trees	
/we hereby apply for planning permission/consent as described in thi nformation. I/we confirm that, to the best of my/our knowledge, any figenuine opinions of the person(s) giving them. Signed - Applicant: Date (DD/MM/YYYY): (This date must not be before the date of sending or hand-delivery of the form)	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
2. Applicant Contact Details	13. Agent Contact Details
Telephone numbers	Telephone numbers
Extension	Extension
	Country code: National number: number: 144 Country code: Mobile number (optional): 144 Country code: Fax number (optional): Email address (optional): Adam & Free - Surgeons net

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)