

Planning Services
Camden Town Hall
Argyle Street
London WC1H 8EQ

Email (enquiries only): env.devcon@camden.gov.uk

Telephone

Fax

: 020 7974 1911 : 020 7974 5713 For office use

Date Payee 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

Publication of planning applications on planning authority websites

Please note that with the exception of applicant contact details, the information provided on this application form and in supporting documents may be published on the authority'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 authority's website, 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.

Applicant Name and Address	2. Agent Name and Address		
Title: First name:	Title: First name: Levin		
Last name:	Last name: MUTAY		
Company (optional):	Company (optional): MODERN ARB SERVICES		
Unit: House number: House suffix:	Unit: House number: House suffix:		
House name:	House name: WOODFIEW NURSERIES		
Address 1:	Address 1: CCCL OAK LANE		
Address 2:	Address 2:		
Address 3:	Address 3:		
Town:	Town: LONDON		
County:	County:		
Country:	Country:		
Postcode:	Postcode: NW9 7NB		

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 14 House suffix:	Title: First name: Last name:
House name:	Company (optional):
Address 1: GROVE TERRACE	Unit: House House suffix:
Address 2:	House name:
Address 3:	Address 1:
Town: LONDON	Address 2:
County:	Address 3:
Postcode (if known): NW5 IPH	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:
	Telephone numbers Extension Country code: National number: number:
Lond Go the rear of 13 Grove Terrace.	
Acsex can Be gaind from	Country code: Mobile number (optional):
ACSSES can Be gaind from 14 Grave Terrace From Mr-Mrs Wyand	Country code: Fax number (optional):
from Mr-Mrs Wyand	Godiniy code. Tax number (optional).
02072841529	Email address (optional):
	C. Tree Process setting Order Details
5. What Are You Applying For?	6. Tree Preservation Order Details If you know which TPO protects the tree(s), enter its title or number
Are you seeking consent for works to tree(s) Yes No subject to a TPO?	below.
Are you wishing to carry out works to tree(s) Yes No in a conservation area?	
trees are protected by a TPO you must also provide reasons for the planting replacement trees (including quantity, species, position and E.g. Oak (T3) - fell because of excessive shading and low amenity value.	non) for help with defining appropriate work. Where trees are dule to the TPO where this is available. Use the same numbers on the number used on the sketch plan) and description of works. Where work and, where trees are being felled, please give your proposals for disize) or reasons for not wanting to replant. Replant with 1 standard ash in the same place.
Holm Oak(II) cut Back low to Secondary growth point (so cut Back low Branches ove ift over garage by Im to g	u Branch over garden back ce fic) near to boundary and. rhoundary Pence to fence line five in clearance

7. Identification Of Tree(s) And Description Of Works continued		
herauce of excessive shadi	ny ov	er
because of excessive shading arden and touching the root of	goray	L.
8. Trees - Additional Information		
Additional information may be attached to electronic communications or provided separate	ely in paper fo	ermat.
For all trees A sketch plan clearly showing the position of trees listed in Question 7 must be provided when ap by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation	plying for work area (see guida	s to trees covered ance notes).
It would also be helpful if you provided details of any advice given on site by an LPA officer.		
For works to trees covered by a TPO Please indicate whether the reasons for carrying out the proposed works include any of the follow must be accompanied by the necessary evidence to support your proposals. (See guidance notes	ing. If so, your for further det	r application ails)
Condition of the tree(s) - e.g. it is diseased or you have fears that it might break or fall: If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert.	┌─ Yes	√ No
Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for:	┌ Yes	Γ∕ _ζ No
Subsidence A report by an engineer or surveyor, to include a description of damage, vegetate and repair proposals. Also a report from an arboriculturist to support the tree wo	ion, monitoring ork proposals.	g data, soil, roots
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of c	damage and po	ossible solutions.
Documents and plans (for any tree) Are you providing separate information (e.g. an additional schedule of work for Question 7)?	┌ Yes	┌ No
If YES, please provide the reference numbers of plans, documents, professional reports, photogous lift they are being provided separately from this form, please detail how they are being submitted	raphs etc in su l.	pport of your application.

9. Application For Tree Works - Checklist	
Only one copy of the application form and additional information (Question 8) is required. Please use the guida make sure that this form has been completed correctly and that all relevant information is submitted. Please no supply precise and detailed information may result in your application being rejected or delayed. You do not not but it may help you to submit a valid form.	ote that failure to
Sketch Plan	
 A sketch plan showing the location of all trees (see Question 8) 	
For all trees (see Question 7)	ΠV
 Clear identification of the trees concerned A full and clear specification of the works to be carried out 	[<u>9</u>
For works to trees protected by a TPO (see Question 8)	لغا
Have you:	
stated reasons for the proposed works?	
 provided evidence in support of the stated reasons? in particular: if your reasons relate to the condition of the tree(s) - written evidence from an appropriate expert 	
 if you are alleging subsidence damage - a report by an appropriate engineer or surveyor 	
 and one from an arboriculturist. in respect of other structural damage - written technical evidence 	
 included all other information listed in Question 8? 	
- Indiaded all outer information listed in Queets in e.	
10. Declaration - Trees	
I/we hereby apply for consent/give notice for tree work as described in this form and the accompanying plans	and additional information.
Signed - Applicant:	
Date (DD/MM/YYYY):	
3/7/2014 (This date must not be before the date of sending or hand-delivery of the form)	
11. Applicant Contact Details 12. Agent Contact Details	
Telephone numbers Extension	Extension
Country code: National number: number: Country code: National number:	number:
Country code: Mobile number (optional): Country code:	
Indiana in income in incom	
Country code: Fax number (optional): Country code: Fax number (optional):
Email address (optional):	

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)