

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ Email (enquiries only): env.devcon@camden.gov.uk For office use

Telephone Fax

: 020 7974 1911 : 020 7974 5713

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

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: MRS First name:	Title: First name:
Last name: ROUSE	Last name:
Company (optional):	Company (optional): CUSTON CUTTERS TREE SPECIALISTS LTC
Unit: House number: 83 House suffix:	Unit: House number: 46 House suffix:
House name:	House name:
Address 1: BELSIZE PARK GARDENS	Address 1: STANCEY ROAD
Address 2:	Address 2:
Address 3:	Address 3:
Town: LONDON	Town: LONDON
County:	County:
Country:	Country:
Postcode: NW3 4NJ	Postcode: NII 2 LE

3. Trees Location  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  Office of the distribution of the standard of the			
where the tree(s) stand (including full postcode where available)	Title: First name:		
Unit: House House suffix:	Last name:		
House name:	Company (optional):		
Address 1:	Unit: House House suffix:		
Address 2:	House name:		
Address 3:	Address 1:		
Town:	Address 2:		
County:	Address 3:		
Postcode (if known):	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:		
	Country code: National number: number:		
	Country code: Mobile number (optional):		
	Country code: Fax number (optional):		
	Country code. Pax 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 number below.		
Are you seeking consent for works to tree(s) Yes No subject to a TPO?			
Are you wishing to carry out works to tree(s)			
in a conservation area?			
7. Identification Of Tree(s) And Description Of Works			
Please identify the tree(s) and provide a full and clear specification of the works you want to carry out. Continue on a separate sheet if			
necessary. You might find it useful to contact an arborist (tree surger protected by a TPO, please number them as shown in the First Scheen			
your sketch plan (see guidance notes).	and to the first of the state of the same named of		
	ne number used on the sketch plan) and description of works. Where		
	vork and, where trees are being felled, please give your proposals for		
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. Replant with 1 standard ash in the same place.			
BAY LAUREL - THIN THROUGHOUT THE CROWN BY 20%			
REDUCE UNRULY BRANCHES TO BALANCE			
AND SHAPE			
MAINTENANCE WORKS IN LINE WITH GOOD ARBORI- CULTURAL PRACTICE			



MRS ROUSE

83, BELSIZE PARK GARDENS,
LANDON,
NW3 4NJ

AGENT

CUSTOM CUTTERS TREE SPECIALISTS LTD
46, STANLEY ROAD,
BOUNDS GREEN,
LONDON,
NII 2LE

7. Identification Of Tree(s) And Description Of Works continued				
		*		
8. Trees - Additional Information				
Additional information may be attached to electronic communications or provided separat	ely in paper f	ormat.		
<b>For all trees</b> 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 It would also be helpful if you provided details of any advice given on site by an LPA officer.	oplying for wor n area (see guid	rks to trees covered dance notes).		
For works to trees covered by a TPO Please indicate whether the reasons for carrying out the proposed works include any of the followmust be accompanied by the necessary evidence to support your proposals. (See guidance note:	wing. If so, you s for further de	ır application etails)		
<ol> <li>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.</li> </ol>	☐ Yes	□ No		
<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>	☐ Yes	No		
Subsidence 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 c	damage and po	ossible solutions.		
<b>Documents and plans (for any tree)</b> 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, photogral of they are being provided separately from this form, please detail how they are being submitted	aphs etc in sup	port of your application.		

9. Authority Employee / Member	*			
With respect to the Authority, I am:	Do any of these statements apply to you?			
(a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member	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 (Question 8) is required. Please use the guidance and this checklist to make sure that this form has been completed correctly and that all relevant information is submitted. Please note that failure to supply precise and detailed information may result in your application being rejected or delayed. You do not need to fill out this section, but it may help you to submit a valid form.				
Sketch Plan				
<ul> <li>A sketch plan showing the location of all trees (see Question</li> </ul>	8)			
For all trees				
(see Question 7)				
Clear identification of the trees concerned				
<ul> <li>A full and clear specification of the works to be carried out</li> </ul>	Ш			
For works to trees protected by a TPO (see Question 7)				
Have you:				
<ul><li>stated reasons for the proposed works?</li></ul>				
<ul> <li>provided evidence in support of the stated reasons? in particular:</li> <li>if your reasons relate to the condition of the tree(s) - written evidence from an</li> </ul>				
appropriate expert				
<ul> <li>if you are alleging subsidence damage - a report by an appropriate engineer or surveyor</li> </ul>				
and one from an arboriculturist.  in respect of other structural damage - written technica	al evidence			
<ul> <li>included all other information listed in Question 8?</li> </ul>				
11. Declaration - Trees	this formation			
I/we hereby apply for consent/give notice for tree work as described i	Organization Agents			
Signed - Applicant:				
5				
Date (DD/MM/YYYY):	- V			
23 012015 (This date must not be before the date				
of sending or hand-delivery of the form)				
12. Applicant Contact Details	13. Agent Contact Details			
Telephone numbers	Telephone numbers			
Extension	Extension			
Country code: National number: number:	Country code: National number: number:			
	8365 7722			
Country code: Mobile number (optional):	Country code: Mobile number (optional):			
Country code: Pax number (optional).	Country code: Fax number (optional):			
Email address (optional):	Email address (optional):			
	of PA may communicate with you in the same manner			

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)