

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

: 020 7974 1911 : 020 7974 5713

Payer AU No For

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/appiv

³ublication of applications on planning authority websites

Fax

lease 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.

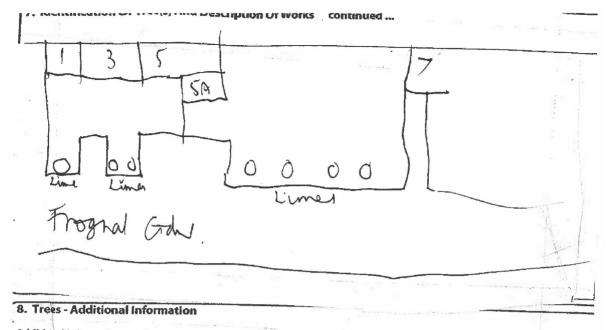
'lease complete using block capitals and black ink.

ou 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

otice of works to trees in a conservation area).
is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your application / otice cannot proceed.

I. Applicant Name and Address	2. Agent Name and Address			
First name: ANTONY	Title: First name:			
.ast name: WY L AM	Last name:			
Company optional):	Company (optional):			
Jnit: House number: 2 House suffix:	Unit: House House suffix:			
louse lame:	House name:			
oddress 1: 27 WHITEHALL PARK	Address 1:			
ddress 2:	Address 2:			
.ddress 3:	Address 3:			
own: Landon	Town:			
ounty:	County:			
ountry:	Country:			
ostcode: N 1937S	Postcode:			

3. Trees Location 7205/11 de	il 4 Troops	Aumorchi				
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)	If 'No' please	cant the owr	ip ner of the tree(s ne address of the different from ti		Yes ation)	
Unit: House 1 House	Title:	MV	First name:	5		
number: 10 suffix:	_ Last name:	D€	NT			
name:	Company (optional):					
Address 1: 14 FROGNAL GARDENS	Unit:	1	louse		louse	
Address 2:	House	<u></u>	number:	S	uffix:	
Address 3:	- Address 1:					
Town: Land			100			
County:	Address 2:					
Postcode N 2 (. II V	Address 3:					
(a knowly,	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:		14			===
Description:	Postcode:					
	Telephone nur				Eve	!
	Country code:	Nat				ension nber:
10 Hz	Country code					
	Country code:	Mobile III	snondo) isanin	11):	7	1.4
	Country code:	Fax numb	ber (optional);			
		Tax Huma	эег (орионац;	N	1	*10.
	Email address (optional):	-		Ų.	
5. What Are You Applying For?						
2. amatrie tou wholying for:	6. Tree Prese					
Are you seeking consent for works to tree(s) Yes . No	If you know which below.	ch TPO prote	ects the tree(s),	enter its titi	le or nu	mber
Are you wishing to carry out works to tree(s)						
in a conservation area? Yes No	. %					
7 Identification Of Tree(s) And Description Of the I						
7. Identification Of Tree(s) And Description Of Works Please identify the tree(s) and provide a full and clear specification of	the a community seems as a					
Please identify the tree(s) and provide a full and clear specification of t necessary. You might find it useful to contact an arborist (tree surgeon protected by a TPO, please number them as shown in the First School	ine works you war 1) for help with de	nt to carry o	ut. Continue or	n a separate	sheet i	f
/our sketch plan (see quidance notes)	ile to the IPO whe	ere this is av	ailable. Use the	same numb	bers on	
Please provide the following information below: tree species (and the						
rees are protected by a TPO you must also provide reasons for the wo planting replacement trees (including quantity species position and of	rk and, where tree	es are being	felled, please o	iption of wo Jive your pro	orks. wn oposals	ere for
planting replacement trees (including quantity, species, position and s g.g. Oak (T3) - fell because of excessive shading and low amenity value. Re	ite) or reasons to: Polant with 1 stand	r not wantin lard ash in th	ig to replant.		•	,
Front garden of IA FROGNAI GDNIN	w) oreA	wyw	YVU			
Front garder of IA FROGNAI GDNIN Lime Remove devolved and v	lightly	thin	, ,			
1 cone.		0.500				
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Additional information may be attached to electronic communications or provided separately in paper format.

For all trees

A sketch plan clearly showing the position of trees listed in Question 7 must be provided when applying for works to trees covered by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation area (see guidance 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 following. If so, your application must be accompanied by the necessary evidence to support your proposals. (See guidance notes for further details)

 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	1-MO
 Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for: 	T Yes	Γ√No
Subsidence A report by an engineer or surveyor, to include a description of damage, vegetal and repair proposals. Also a report from an arboriculturist to support the tree w	tion, monitoring ork proposals.	data, soil, root:
Other structural damage (e.g. drains, walls and hard surfaces)		

Written technical evidence from an appropriate expert, including description of damage and possible solutions.

re you providing separate information (e.g. an additional schedule	e of work for Question 7)?	☐ Yes	Γ√No
YES, please provide the reference numbers of plans, documents, they are being provided separately from this form, please detail h	professional reports, photograp ow they are being submitted.	hs etc in supp	port of your application

With respect to the Authori (a) a member of staff (b) an elected member	(c) related to a member of staff (d) related to an elected member		Do any of these statemer Yes	nts apply to you?
If Yes, please provide detail	s of the name, relationship and role	·		
10. Application For Tre				
I HOKE SOLE WAS FULL HOS	tion form and additional informatio been completed correctly and that in nformation may result in your applic t a valid form.	All rejevant intoon	Stinn is submitted Blazza	
Sketch Plan				
A sketch plan showii	ng the location of all trees (see Ques	tion 8)		DV
For all trees (see Question 7)				
 Clear identification or 			199	U /
 A full and clear specified 	fication of the works to be carried or	ut		
For works to trees protected (see Question 7)	by a TPO		¥	
Have you:				
 stated reasons for the 	proposed works?			
provided evidence in if your reasons re	support of the stated reasons? in pa elate to the condition of the tree(s) -	rticular:		
appropriate e	expert			
and one from	g subsidence damage - a report by a an arboriculturist.		gineer or surveyor	
• in respect of other	क structural damage - written techn	ical evidence		
 included all other info 	rmation listed in Question 8?			
11. Declaration - Trees	ive notice for tree work as described	d in this farm and		
Signe	The money for the work as described	Or signed - Age	rne accompanying plans : ent:	and additional information
Date (9	J L		
20 1 15 (This of se	date must not be before the date nding or hand-delivery of the form)	ı		
12. Applicant Contact De	tails	13. Agent C	ontact Details	
Telephone numbers		Telephone nur		
Country code: National numb		Country code:	National number:	Extension
020 727			Total Homber	number:
Country code: Mobile number	(optional):	Country code:	Mobile number (option	nal):
Country code: Fax number (op	tional):			
i i i i i i i i i i i i i i i i i i i	cionary.	Country code:	Fax number (optional):	:
Email address (optional):		Email address (optional):	
400 m 200				
Electronic communication - If you	submit this form by fax or e-mail th	ie LPA may comm	unicate with you in the sa	ame manner.
(Please see guidance notes)				