2015/2402/T 2015/2403/T

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.

I - Applic	cant Name and Address	2. Agent Name and Address	
Title:	PROF. First name: MALCOLM	Title: MR First name: ALAN	
Last name:	WELLER	Last name: MORRIS	
Company (optional):		Company (optional): ALS TREE SULGERY LTD.	
Unit:	House number: 30 House suffix:	Unit: House 75 House	
House name:		House name:	
Address 1:	ARKWRIGHT ROAD	Address 1: CHERLIE GO	
Address 2:		Address 1: CHERWELL GROVE Address 2:	
Address 3:		Address 3:	
Town:	LONDON	Town: So	
County:		County: SOUTH OCKENDON	
Country:	UNITED KINGDOM		
e de la companya de l	NW3 GBH	Postcode: RM15 6AS	

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 House suffix:	Title:	First name:	
House name:	Last name: Company		
Address 1:	(optional): Unit:	House House	
Address 2:	House	number: suffix:	
Address 3:	name: Address 1:		
Town:	Address 2:		
County:	Address 3:		
Postcode (if known):	_		
If the location is unclear or there is not a full postal address, either	Town:		
rear of 12 to 18 High Street' or 'Woodland adjoining Flm Poad') or	County:		
provide an Ordnance Survey grid reference: Description:	Country: Postcode:		
	Telephone nu	ımhers	
	Country code		
	Country code:	Makik	
	Journay code.	Mobile number (optional):	
	Country code:	Fax number (optional):	
	Email address	Continuelly	
	21110110001033	(optional).	
5. What Are You Applying For?	6. Tree Pres	ervation Order Details	
Are you seeking consent for works to tree(s) Yes No		ich TPO protects the tree(s), enter its title or number	
Are you wishing to carry out works to tree(s) Yes No	6H-	T30	
. Identification Of Tree(s) And Description Of Works			
Please identify the tree(s) and provide a full and clear specification of the lecessary. You might find it useful to contact an arborist (tree surgeon) protected by a TPO, please number them as shown in the First Scheduk our sketch plan (see guidance notes). It lease provide the following information below: tree species (and the rees are protected by a TPO you must also provide reasons for the work lanting replacement trees (including quantity, species, position and size of the land of the lan	to the TPO who number used on cand, where tree	the sketch plan) and description of works. Where es are being felled, please give your proposals for	
-ONDON PLANE (TI) - PRUNE BACK.	TO PRE	VIOUS PRUNING POINTS	
OPLAR (T2) - RE POLLARD BAC			
THE WORK IS REQUESTED IN DROPE	To Co.	anger a first general and the second	
OF THE TREES AND HAS BEEN ALL	DINED R	PELLANCE MAINTENANCE	

7. Identification Of Tree(s) And Description Of Works continued		
8. Trees - Additional Information		
Additional information may be attached to electronic communications or provided separ	ately in pape	r format.
For all trees	, .,	
A sketch plan clearly showing the position of transligted in Occasion 7	applying for w	Orks to trees covered
by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservation of the state of the sta	on area (see gu	uidance notes).
For works to trees covered by a TPO		
Please indicate whether the reasons for carrying out the proposed works include any of the following the accompanied by the necessary evidence to support your proposals. (See guidance note	wing. If so, yo	our application letails)
1. Condition of the tree(s) - e.g. it is diseased or you have from that it minks to a	Yes	
If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert.	1 16	₽No
 Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for: 	T Yes	general Part of
Subsidence	•	
A report by an engineer or surveyor, to include a description of damage, vegetation and repair proposals. Also a report from an arboriculturist to support the tree wo	on, monitoring	g data, soil, roots
Other structural damage (e.g. drains, walls and hard curfocos)		
Written technical evidence from an appropriate expert, including description of d	amage and po	ossible solutions.
e you providing separate information (o.g. appeddition to the control of the cont		
e you providing separate information (e.g. an additional schedule of work for Question 7)?	√ Yes	
YES, please provide the reference numbers of plans, documents, professional reports, photograph They are being provided separately from this form, please detail how they are being submitted.	ohs etc in supp	ort of your application.
they are being submitted.	populari est si salah ina dilapat di ana di plateri in reservizi di salah ina di sa	

9. Authority Employee / Member			
With respect to the Authority, I am:	Do any of those statements apply to you?		
(a) a member of staff (c) related to a member of staff (d) related to an elected member	Do any of these statements apply to you? Yes No		
If Yes, please provide details of the name, relationship and role	☐ Yes		
10. Application For Tree Works - Checklist			
Only one copy of the application form and additional information (Comake 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.			
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	M		
A full and clear specification of the works to be carried out			
For works to trees protected by a TPO (see Question 7)	talfand		
Have you:			
 stated reasons for the proposed works? 			
 provided evidence in support of the stated reasons? in parti if your reasons relate to the condition of the tree(s) - w 			
appropriate expertif you are alleging subsidence damage - a report by an	appropriate engineer or surveyor		
and one from an arboriculturist.	Laured		
 in respect of other structural damage - written technic 	al evidence		
 included all other information listed in Question 8? 	Ø		
 Declaration - Trees I/we hereby apply for planning permission/consent as described in the 	ais form and the accompanying plans/drawings and additional		
information. I/we confirm that, to the best of my/our knowledge, any	facts stated are true and accurate and any opinions given are the		
genuine opinions of the person(s) giving them. Signed - Applicant:	Or signed - Agent:		
Date (DD/MM/YYYY):	Suco		
(This date must not be before the date of sending or hand-delivery of the form)			
of sending or hand-delivery of the form)			
12. Applicant Contact Details	13. Agent Contact Details		
Telephone numbers	Telephone numbers		
Extension	Extension		
77945804 Country code: Mahille mumber (antional)	+44 1708 406816		
Country code: Mobile number (optional):	Country code: Mobile number (optional):		
	+44 7861683685		
Country code: Fax number (optional):	Country code: Fax number (optional):		
Email address (optional):	Email address (optional):		
malcolm. Weller agmail.com	alstreeSurgery DaoL.com		

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)

ARKWRIGHT ROAD

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