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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 Pianning Portal by visiting www.pianningportal.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.

inust 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: KATU	Title: MRS First name: KNTY
Last name: STEWPRD.	Last name: STEWPRD
Company (optional): SWLCEY CIROUP	Company (optional): SALCEY GROUP
Unit: 2 House House suffix:	Unit: House suffix:
House name:	House name;
hudress 1: SILVERSTONE BUSINED PORIC	Address 7: SILVERSTONE BUSINED PORK
Address 2: SHACKS BORN FORM	Address 2: SHACKS BORN FORM
Address 3: SILUERSTONE	Address 3: STIVERSTONE
Town;	Town:
County: NURTHION IS	County: NORTHANTS
Country: ENGLOVO	Country: ENGLAND
Postcode: NNIZ 8 TIS	Postcode: NN12 8TB

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: HOLLI WALK	Company (optional):	
Address 1: Hampstead Heath	Unit: House House suffix:	
Address 2:	House name:	
Address 3:	Address 1:	
Town:	Address 2:	
County: ENGLAND	Address 3:	
Postcode (if known): NU3 6 RA	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:	
roar of 12 to 18 High Street' or 'Woodland adjoining Elm Road') or	Country:	
Description:	Postcode:	
4	Telephone numbers Extension Country code: National number: number:	
	Country code: Mobile number (optional):	
	Country code: Fax number (optional):	
	Email address (optional):	
5. What Are You Applying For?	6. Tree Preservation Order Details	
( ! you seeking consent for works to tree(s) Yes No subject to a TPO?	If you know which TPO protects the tree(s), enter its title or number below.	
Are you wishing to carry out works to tree(s) In a conservation area?  No		
7. Identification Of Tree(s) And Description Of Works Please Identify the tree(s) and provide a full and clear specification or necessary. You might find it useful to contact an arborist (tree surge protected by a TPO, please number them as shown in the First Sche your sketch plan (see guidance notes). Please provide the following information below: tree species (and t trees are protected by a TPO you must also provide reasons for the planting replacement trees (including quantity, species, position an E.g. Oak (T3) - fell because of excessive shading and low amenity value.	of the works you want to carry out. Continue on a separate sheet if son) 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 d size) or reasons for not wanting to replant.	
TI - Inclian Bean Tree - reduce lateral Branches		
encroaching over 3rd painty property by 1.5m & the height of the Crown by 1.5m Remove		
3 the neight of the cva	own by 1.5m Rémove	
major dead wood	·	

7. Identification Of Tree(s) And Description Of Works continued			
,			
TZ-Dead Eucaly ptus - Remove to grand level B remove arising stump T3 mature legiandii conifer - Reduce in neight down to 8m from grand herel to prevent kno tree at growing its locations preventing encroachment to adjacent species of trees The hooking clipress - the tree is causing structural disturbance to the property & there is domage to kne main branches & therefore recommend it to removed togrand herel & ansing stump machined buk			
8. Trees - Additional Information			
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)			
1. 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.			
2. Alleged damage to property - e.g. subsidence or damage to drains or drives.  If YES, you are required to provide for:			
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 damage and possible 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, photographs etc in support of your application. If they are being provided separately from this form, please detail how they are being submitted.			

9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to an elected member (d) related to an elected member	Do any of these statements apply to you?  Yes  No
If Yes, please provide detalls of the name, relationship and role	
10. Application For Tree Works - Checklist	
Only one copy of the application form and additional information (Question 8) i make sure that this form has been completed correctly and that all relevant info supply precise and detailed information may result in your application being rejut it may help you to submit a valid form.	rmation is submitted. Please note that failure to
Sketch Plan	
<ul> <li>A sketch plan showing the location of all trees (see Question 8)</li> </ul>	
For all trees (see Question 7)  Clear identification of the trees concerned	
A full and clear specification of the works to be carried out	in .
( ror 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 evided appropriate expert</li> <li>if you are alleging subsidence damage - a report by an appropriate and one from an arboriculturist.</li> </ul>	<b>□</b>
<ul> <li>in respect of other structural damage - written technical evidence</li> </ul>	
• included all other information listed in Question 8?	
11. Declaration - Trees  I/we hereby apply for planning permission/consent as described in this form and information. I/we confirm that, to the best of my/our knowledge, any facts stated genuine opinions of the person(s) giving them.  Or signed - Applicant:  Date (DD/MM/YYYY):  (This date must not be before the date of sending or hand-delivery of the form)	are true and accurate and any opinions given are the
12. Applicant Contact Details 13. Age	nt Contact Details
Extension II	e numbers Extension
Country code: National number: number: Country code: Mobile number (optional): Country code:	ode: National number: number:
Country code: Fax number (optional): Country c	
Email address (optional):  Email add	ress (optional):
Electronic communication - If you submit this form by fax or e-mail the LPA may co	

(Please see guidance notes)