

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ Email (enquiries only): planning@camden.gov.uk For office use : 020 7974 4444

Telephone

: 020 7974 1680

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.

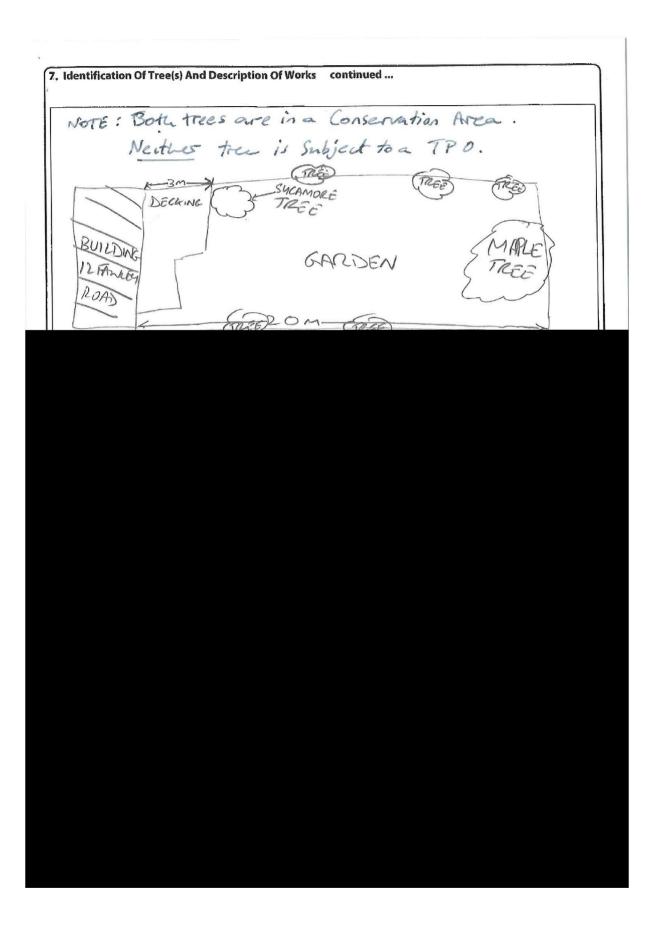
Please complete using block capitals and black ink.

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: MR First name: ROHAN	Title: First name:
Last name: WHITE	Last name:
Company (optional):	Company (optional):
Unit: /-2 House number: /2 House suffix:	Unit: House number: House suffix:
House name:	House name:
Address 1: FANLEY ROAD	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
Town: LONDON	Town:
County:	County:
Country:	Country:
Postcode: NW6 ISH	Postcode:

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: MR First name: ROHAN
House name:	Last name: WHITE
Address 1:	(optional):  House House
Address 2:	House number; suffix:
Address 3:	Address 1: FAnd/ #19 (2041)
Town:	Address 1: FANLEY ROAD  Address 2:
County:	Address 3:
Postcode (if known):	T
If the location is unclear or there is not a full postal address, either	2010
describe as clearly as possible where it is (for example, 'Land to the rear of 12 to 18 High Street' or 'Woodland adjoining Fim Road') or	Country:
provide an Ordnance Survey grid reference:	Postcode: NW6 15H
Description:	Postcode: NW6 154
ļ	Country code: National number: Extension number:
	44
	Country code: Mobile number (optional):
9	uu
	Country code: Fax number (optional):
	Email address (optional):
5. What Are You Applying For?	
2. What Ale Tou Applying For:	6. Tree Preservation Order Details
Are you seeking consent for works to tree(s) Yes No	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? Yes No	
7. Identification Of Tree(s) And Description Of Works	
Please identify the tree(s) and provide a full and clear specification o	f 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	on) for help with defining appropriate work. Where trees are
protected by a TPO, please number them as shown in the First Scheo your sketch plan (see guidance notes).	dule to the TPO where this is available. Use the same numbers on
Please provide the following information below: tree species (and the	ne number used on the sketch plan) and description of works. Where
trees are protected by a TPO you must also provide reasons for the v	york and, where trees are being felled, please give your proposals for
planting replacement trees (including quantity, species, position and E.g. Oak (T3) - fell because of excessive shading and low amenity value.	I size) or reasons for not wanting to replant. Replant with 1 standard ash in the same place.
SYCAMORE (ACER PSENDOPLATANUS) - FELL TO GROUND LEWS	
REASON: TRÉE IS VERY CLOSE	(3m) TO HOUSE AND HAS GOD AL
TO CONCERNING LÉVEL	
PEASON: TRÉE IS VERY CLOSÉ TO CONCERNING LÉVÉL (2) FIELD MAPLE (ALER CAMPÉST 12ED VUTTON POINTS	(RE) - PRUNE BACK TO PRÉVIOUS
1 4 1 1 1	



9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (d) related to an elected member  (f) Yes please provide details of the name relationship and well-	Do any of these statements apply to you?  Yes	
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>	18)	
For all trees (see Question 7)  Clear identification of the trees concerned  A full and clear specification of the works to be carried out		
For works to trees protected by a TPO		
(see Question 7)		
Have you:		
stated reasons for the proposed works?		
<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 appropriate expert</li> </ul>		
<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 technical evidence		
included all other information listed in Question 8?	LJ	
11. Declaration - Trees  I/we hereby apply for planning permission/consent as described in this 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):  (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	
Country code: National number: Extension number:	Country code: National number; Extension number:	
4 u	Tradicinal Harrisotti.	
Country code: Mobile number (optional):	Country code: Mobile number (optional):	
Country code: Fax number (optional):	Country code: Fax number (optional):	
Email address (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)