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Telephone : 020 7974 1911 Fax : 020 7974 5713 For office use 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: Ewan	Title: Ms First name: Noreen		
Last name:	Smith	Last name: Carew		
Company (optional):		Company (optional):		
Unit:	House number: 1A House suffix:	Unit: House number: 40 House suffix:		
House name:		House name:		
Address 1:	Lupton Street	Address 1: Poets Road		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	London	Town: London		
County:		County:		
Country:		Country:		
Postcode:	NW5 2JA	Postcode: N5 2SE		

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 where the tree(s) stand (including full postcode where available) 4. Trees Ownership 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: 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 ⊞m Road') or provide an Ordnance Survey grid reference:	Country:					
Description:	Postcode:					
	Telephone numbers Extension Country code: National number: number:					
	New York Training T.					
	Country code: Mobile number (optional):					
	Country code: Fax 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?	Soon.					
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 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 surgeon) for help with defining appropriate work. Where trees are protected by a TPO, please number them as shown in the First Schedule to the TPO where this is available. Use the same numbers on						
your sketch plan (see guidance notes). Please provide the following information below: tree species (and the 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. Eg. Oak (13) - fell because of excessive shading and low amenity value. Peplant with 1 standard ash in the same place.						
Rear garden - 1 x Lime tree Fell to ground level and plant a replacement tree more suitable for the location						

7. Identification Of Tree(s) And Description Of Works continued				
8. Trees - Additional Information				
Additional information may be attached to electronic communications or provided separa	tely in paper f	ormat.		
For all trees A sketch plan clearly showing the position of trees listed in Question 7 must be provided when a by a TPO. A sketch plan is also advised when notifying the LPA of works to trees in a conservatio 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 Rease indicate whether the reasons for carrying out the proposed works include any of the follor must be accompanied by the necessary evidence to support your proposals. (See guidance note				
 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	□ No		
 Alleged damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for: 	☐ Yes	☐ No		
Subsidence A report by an engineer or surveyor, to include a description of damage, vegetati and repair proposals. Also a report from an arboriculturist to support the tree wo		g data, soil, roots		
Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of o	damage and po	ossible 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 (d) related to a member of staff (b) an elected member (d) related to an elected member If Yes, please provide details of the name, relationship and role	Do any of these statements apply to you? ☐ Yes ☑ No				
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 • A sketch plan showing the location of all trees (see Question 8) For all trees (see Question 7)					
Gear 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? provided evidence in support of the stated reasons? in particular: if your reasons relate to the condition of the tree(s) - written evidence from an appropriate expert if you are alleging subsidence damage - a report by an appropriate engineer or surveyor and one from an arboriculturist. in respect of other structural damage - written technical evidence					
11. Declaration - Trees I/we hereby apply for consent/give notice for tree work as described in this form and the accompanying plans and additional information. Signed - Applicant: Or signed - Agent: N Carew Date (DD/MM/YYYY): (This date must not be before the date of sending or hand-delivery of the form)					
12. Applicant Contact Details Telephone numbers Country code: National number: Extension number: Country code: Noone number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):				

Bectronic 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)