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Telephone Fax

: 020 7974 1911

Date Payee App. No.

For office use

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.

: 020 7974 5713

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: HR First name: IAN	Title: First name: CHARLES
Last name: WAOE	Last name: MEWELL
Company (optional): BRITISH MEDICAL ASSOC.	Company (optional): SPECIAL BRANCH TREE SURGEONS
Unit: House House suffix:	Unit: House number: House suffix:
House BAA Houst	House name: BURLIMITON COURT
Address 1: TAVISTOCK SQUARE	Address 1: SPENCER ROAM
Address 2:	Address 2:
Address 3:	Address 3:
Town: LO MYO ~	Town: Lo NOW
County:	County:
Country:	Country:
Postcode: WCILT 9JP	Postcode: W4 354

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:	
Address 1:	(optional):	
Address 2:	Unit: House House suffix:	
Address 3:	name:	
Town:	Address 1:	
County:	Address 2:	
Postcode (if known):	Address 3:	
If the location is unclear or there is not a full postal address, either	Town:	
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	County:	
provide an Ordnance Survey grid reference: Description:	Postcode:	
escription.	Telephone numbers	
	Country code: National number: Extension number:	
	Country code: Mobile number (optional):	
	Country code: Mobile number (optional):	
	Country code: Fax number (optional):	
	Email address (optional):	
4	andiradaless (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	
Are you seeking consent for works to tree(s) Yes No	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 of necessary. You might find it useful to contact an arborist (tree surgeo protected by a TPO, please number them as shown in the First Schedi your sketch plan (see guidance notes). Please provide the following information below: tree species (and the trees are protected by a TPO you must also provide reasons for the wo planting replacement trees (including quantity, species, position and E.g. Oak (T3) - fell because of excessive shading and low amenity value. Re	on for neighbors are used to the sketch plan) and description of works. Where the same numbers on the number used on the sketch plan) and description of works. Where the same number used on the sketch plan and description of works. Where the same number trees are being felled, please give your proposals for the same number trees are being felled, please give your proposals for	
P.T.O.		

7. Identification Of Tree(s) And Description Of Works continued			
BMA -R	PROPOSED WORK THIN CROWN BY 20%, REMOVING CKER GROWTH AND DEAD LOOD REDUCE LARGE CROWN BOUGH ON SESTERLY SIDE BY 3 METERS IMPROVE BALANCE EDUCE REHAINDER OF CROWN PREVIOUS REDUCTION POINTS REASON) INE MAINTENANCE		
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 must be accompanied by the necessary evidence to support your proposals. (See gu. 1. Condition of the tree(s) - e.g. it is diseased or you have fears that it might bre	uldance notes for further details)		
If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert.	eak of fall: Yes No		
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 dama and repair proposals. Also a report from an arboriculturist to support Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including des	the tree work proposals.		
Documents and plans (for any tree) Are you providing separate information (e.g. an additional schedule of work for Ques	tion 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 (c) related to a member of staff	Do any of these statements apply to you?		
(b) an elected member (d) related to an elected member	Yes No		
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			
A sketch plan showing the location of all trees (see Question	8)		
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?			
• provided avidence in support of the stated reasons? in particular	udan.		
 provided evidence in support of the stated reasons? in partic if your reasons relate to the condition of the tree(s) - wri 			
appropriate expert	The state of the s		
 if you are alleging subsidence damage - a report by an a 	appropriate engineer or surveyor		
and one from an arboriculturist.			
 in respect of other structural damage - written technica 	l evidence		
 included all other information listed in Question 8? 			
included direct morniation instead in gaestion of			
11. Declaration - Trees			
I/we hereby apply for consent/give notice for tree work as described in	n this form and the accompanying plans and additional information.		
Signed - Applicant:	Orcianad Agant		
Date (DD/MM/YYYY):			
(This date must not be before the date			
of sending or hand-delivery of the form)			
(12 Applicant Contact Date !!-	(12 Agent Contact Dataile		
12. Applicant Contact Details	13. Agent Contact Details		
Telephone numbers	Telephone numbers		
Country code: National number: Extension number:	Country code: National number: Extension number:		
Mational number.	Mational Humber.		
Country code: Mobile number (optional):			
Country code: Fax number (optional):	Country code. Pax number (optional).		
Facell and disease (authority)	Free it address (actions I)		
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)