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

t is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your application 10tice cannot proceed.

	nt Name and Address	2. Agent Name and Address
Title:	MR First name: DAU	
ast name:	COHEN	Last name:
ompany optional):		Company
nit: F	ZAT House / Hous	(optional):
ouse	number: /o suffix	Unit: House House suffix:
ime:		House name:
Idress 1:	JADHAM GARDO	
dress 2:		Address 2:
dress 3:		Address 3:
vn: <		
	nonson	Town:
inty:	XCCIL	County:
ntry:		Country:
code: Nu	D3 35P	Postcode:

o. IIEES LO			14. Trees	Ownership
M JU OFFICE MAIRE !	d at the address shown in please provide the full add o(s) stand (including full po	rope/landian at the size	on Is the appl If 'No' plea	icant the owner of the tree(s): Se provide the address of the nown and if different from the trees location)
Unit:	House	House	Title:	MR First name: DAULD
House	i number:	suffix:	Last name:	
name:			Company (optional):	
-			Unit:	FZAT House / O House suffix:
Address 2:			House name	Tantous Junia
Address 3:			Address 1:	WADHAM GARDENS
Town:			Address 2:	
County:	411	Section 10 to 10 t	Address 3:	DRIMBOSE HILL
Postcode (if known):				
If the location is	s unclear or there is not a f	III nostal address either	Town:	CONDON
describe as clea	rly as possible where it is (High Street' or Woodland	for example, I and to the	3 3	MIDDX
provide an Ord	nance Survey grid referen	ce: ce:	Country:	
Description:			Postcode:	NW33DP
			Telephone Country co	Extension
			1726	de: National number: number:
			Country co	de: Mobile number (optional):
			44	institution (apriorita).
			Country co	de: Fax number (optional):
			Email addre	ss (optional):
5. What Are	You Applying For?		6. Tree Pr	reservation Order Details
Are you seeking subject to a TP(consent for works to tree	e(s) Yes No	if you know below.	which TPO protects the tree(s), enter its title or numbe
Are you wishing in a conservatio	to carry out works to tree n area?	(S) Yes No		
'. Identificat	ion Of Tree(s) And D	escription Of Works		THE STATE OF THE S
Please identify t	he tree(s) and provide a fu	Il and clear specification	of the works you	want to carry out. Continue on a separate sheet if
recessary, 100 f protected by a T	mynt me it usetul to cont PO, please number them	act an arborist (tree surgi as shown in the First Schi	eon) for help wit edule to the TPO	h defining appropriate work. Where trees are where this is available. Use the same numbers on
our sketch plan	i (see guidance notes).			
rees are protect	led by a TPO you must also	provide reasons for the	work and, where	l on the sketch plan) and description of works. Where trees are being felled, please give your proposals for
Dianting replace	ment trees (including qua	ntity, species, position ar	id size) or reason	is for not wanting to replant. Standard ash in the same place.
-y-can(vy)-1011	Decause of exposure stage	ny are low amenity value	. repiant with 13	tandard ash in the same place.
	550/0566-6-1-4-4-8866-6-1-4-4-8866-6-1-4-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1		101 (01 (4 A A A A A A A A A A A A A A A A A A	

r. Identification Of Tree(s) And Description Of Works continued
REAR GALDEN
RIGHT HAND SIDE OF PRIVATE TERRACE
1 X / I M C T = -
STANDARD PERIODIC TREE MAINTENANCE AND CARE
STANDARD PERIODIC TREE MAINTENANCE AND CARE
8. Trees - Additional Information
Additional information may be attached to electronic communications or provided separately in paper format.
The state of the s
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
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 Employe	e / Member		
With respect to the Authori (a) a member of staff	ty, i am:		
(b) an elected member	(c) related to a member of staff(d) related to an elected member	į	Do any of these statements apply to you?
If Yes, please provide detail	s of the name, relationship and role	Į.	No
		~	
10. Application For Tro	ee Works - Checklist		
Only one copy of the applica	ition form and additional informati	n (Augetian 9) in so	quired. Please use the guidance and this checkl
make sure that this form has supply precise and detailed i but it may help you to submi	oformation may result to your applie	all relevant information being rejection	quired. Please use the guidance and this checkli ation is submitted. Please note that failure to ed or delayed. You do not need to fill out this se
Sketch Plan			
 A sketch plan showi 	ng the location of all trees (see Ques	ation 8)	
For all trees		adi by	
(see Question 7)			
Clear identification of			
	ification of the works to be carried or	ut	
For works to trees protected (see Question 7)	l by a TPO		-
Have you:			
 stated reasons for the 	e proposed works?		П
 provided evidence in 	support of the stated reasons? in pa	articular	-
 if your reasons r appropriate 	elate to the condition of the tree(s) -	written evidence t	rom an
 if you are alleging 	g subsidence damage - a report by:	an appropriate enc	lineer or surveyor
and one non	n an arboriculturist. er structural damage - written techn		James di sulveydi
		lical evidence	
included all other into	ormation listed in Question 8?		
1. Declaration - Trees			
we hereby apply for planning formation. I/we confirm that	permission/consent as described in	this form and the a	accompanying plans/drawings and additional
enuine opinions of the person	(s) giving them.	ly facts stated are t	accompanying plans/drawings and additional True and accurate and any opinions given are the
igned - Applicant:		Or signed - Age	nt:
ate (DD/MM/YYYY):			
13/10/1941 (Thi	s date must not be before the date ending or hand-delivery of the form	1	
2. Applicant Contact De			
lephone numbers	italis		ontact Details
	Extension	Telephone nun	nbers Extens
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untry code: Mobile numbe	r (ontional):		
4k	· (Optional).	Country code:	Mobile number (optional):
untry code: Fax number (o	otional):	Country code:	Env number (- ni - u)
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ase see guidance notes)	i souther this form by tax or e-mail th	e LPA may commu	inicate with you in the same manner.