

Municipal Buildings Clyde Square Greenock PA15 1LY Tel: 01475 717171 Fax: 01475 712 468 Email: devcont.planning@inverclyde.gov.uk

Applications cannot be validated until all the necessary documentation has been submitted and the required fee has been paid.

Thank you for completing this application form:

ONLINE REFERENCE

100348193-001

The online reference is the unique reference for your online form only. The Planning Authority will allocate an Application Number when

your form is validated. Please quote this reference if you need to contact the planning Authority about this application.						
Applicant or Agent Details						
Are you an applicant or an agent? * (An agent is an architect, consultant or someone else acting on behalf of the applicant in connection with this application)  Applicant Applicant						
Agent Details						
Please enter Agent details	3					
Company/Organisation:	Saltire Tree Surgery					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Alan	Building Name:				
Last Name: *	Fielding	Building Number:	21			
Telephone Number: *	07876645907	Address 1 (Street): *	Aberdour Place			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Inverkip			
Fax Number:		Country: *	United Kingdom			
		Postcode: *	PA160HZ			
Email Address: *	Alan@ratsltd.co.uk					
Is the applicant an individual or an organisation/corporate entity? *						
☑ Individual ☐ Organisation/Corporate entity						

Applicant Details						
Please enter Applicant details						
Title:	Ms	You must enter a Bu	You must enter a Building Name or Number, or both: *			
Other Title:		Building Name:				
First Name: *	Karen	Building Number:	28			
Last Name: *	Arthur	Address 1 (Street): *	Daff Avenue			
Company/Organisation		Address 2:				
Telephone Number: *		Town/City: *	Inverkip			
Extension Number:		Country: *	Scotland			
Mobile Number:		Postcode: *	PA16 0AP			
Fax Number:						
Email Address: *	alan@ratsltd.co.uk					
Site Address Details						
Planning Authority:	Inverclyde Council					
Full postal address of the site (including postcode where available):						
Address 1:	28 DAFF AVENUE					
Address 2:						
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	INVERKIP					
Post Code:	PA16 0AP					
Please identify/describe the location of the site or sites						
Northing	672148	Easting	220960			

Ownership of Trees					
Is the applicant the owner of	⊠ Yes □ No				
Details of Tree	Details of Tree Protection				
Under what procedures/desi	Under what procedures/designations are these tree(s) protected? *				
☐ Tree Preservation Orde	er				
☑ Conservation Area					
Condition on Planning Permission					
Please provide any relevant details about the Tree Preservation Order or other protection (e.g. Title and date of the Tree Preservation Order, if known). * (Max 500 characters)					
Please provide the application reference no. given to you by your planning authority for your previous application: *					
Identification of Tree(s) and Works Proposed  Please indicate the tree(s) and provide a full detailed specification of the works you want to carry out.  Give details of the species of the tree(s) and include an accurate plan showing positions(s) of the tree(s) in relation to buildings, named roads and boundaries. A group of trees can be treated as one. If the trees are protected by a TPO, please try to number them as shown in the First Schedule to the Tree Preservation Order (for example T3 Oak; two Beech and one Birch in G2; seven Ash in A1; sycamore in W1). You may submit a schedule of works.					
Tree description: *	Beech Tree				
Works description: *	20 % Reduction				
Note: if you are submitting a	schedule of works or a plan, please give the reference number in the description	of the works.			
Reason for Proposed Tree Works					
Please state the reason why you wish to carry out the proposed works to tree(s). In particular, 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 documents specified. *					
Health or safety of the tree(s) – e.g. it is diseased, fears that it might break or fall.					
Alleged subsidence damage.					
Other (please specify).					
If you have selected Health or safety of the tree(s), or Other you should provide a report by a tree professional (e.g. arboriculturist, horticultural adviser).					
If you have selected Alleged subsidence damage please provide a report by an engineer or surveyor, together with one from a tree professional – to include date and description of property damage; sub-soil type and shrinkage potential; location of any roots found and their identification; history of ground and building movement through a distortion survey and/or level or crack monitoring over a period of at least 12 months; other vegetation in the vicinity and its management since discovery of the damage.					

Tree Works - A	dditional Information			
	eplacement tree(s) in support of your application? * eplanting proposals on plans or other supporting information.	☐ Yes ☒ No		
Checklist – App	olication for tree works			
Please complete the following checklist to make sure you have provided all the necessary information in support of your application. Failure to submit all this information may result in your application being deemed invalid. The planning authority cannot start processing your application until it is valid.				
Plan showing accurately the	location of all tree(s). *	🛛 Yes 🗌 No		
A full and clear specification	of the works to be carried out. *	🛛 Yes 🗌 No		
A plan showing location of re	Yes X No			
The necessary reports as ref	quested by your planning authority to support the reasons for the works you	Yes X No		
Photographs. *		🛛 Yes 🗌 No		
No fee is needed with an app	plication for Tree Works.			
Declare - Tree(	s)			
I/we apply for permission to information.	carry out works to trees as described in this form and the accompanying plans/dr	awings and additional		
Declaration Name:	Mr Alan Fielding			
Declaration Date:	06/01/2021			