

West Lothian Civic Centre Howden South Road Howden Livingston EH54 6FF Tel: 01506 280000 (for general enquiries) Email: planning@westlothian.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 100362649-001 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 ☐ Applicant ☒ Agent on behalf of the applicant in connection with this application) **Agent Details** Please enter Agent details cutabove tree services Company/Organisation: Ref. Number: You must enter a Building Name or Number, or both: * cutabove craig First Name: * **Building Name:** douglas Last Name: * **Building Number:** Address 1 midhope workshop 0131 3311411 Telephone Number: * (Street): * midhope Address 2: Extension Number: south Queensferry Mobile Number: Town/City: * scotland Fax Number: Country: * eh30 9sl Postcode: * office@cutabovetreeservices.co.uk Email Address: * Is the applicant an individual or an organisation/corporate entity? * ☑ Individual ☐ Organisation/Corporate entity

Applicant Details						
Please enter Applicant details						
Title:	Mr	You must enter a Bu	You must enter a Building Name or Number, or both: *			
Other Title:		Building Name:	58			
First Name: *	р	Building Number:				
Last Name: *	barry	Address 1 (Street): *	east main st			
Company/Organisation		Address 2:	uphall			
Telephone Number: *		Town/City: *	WESTLOTHIAN			
Extension Number:		Country: *	Scotland			
Mobile Number:	+441313311411	Postcode: *	EH48 4LZ			
Fax Number:						
Email Address: *	office@cutabovetreeservices.co.uk					
Site Address Details						
Planning Authority:	West Lothian Council					
Full postal address of th	ne site (including postcode where available	e):				
Address 1:	DONALI					
Address 2:	58 EAST MAIN STREET					
Address 3:	UPHALL					
Address 4:						
Address 5:						
Town/City/Settlement:	BROXBURN					
Post Code:	EH52 5HY					
Please identify/describe the location of the site or sites						
Northing	671853	Easting	306236			

Ownership of T	rees			
Is the applicant the owner of the tree(s)? *		🛛 Yes 🗌 No		
Details of Tree Protection				
Under what procedures/designations are these tree(s) protected? *				
☐ Tree Preservation Order				
▼ 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: *	2 x Large beech tree. and 2 x limes			
Works description: *	Section fell 1 beech, closest to road, crown reduce second beech, crown r	reduce 2 limes by 4m.		
Note: if you are submitting a	schedule of works or a plan, please give the reference number in the descri	ption 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	
Are you proposing to plant re	☐ Yes ☒ No	
If Yes, please explain your re	eplanting proposals on plans or other supporting information.	
Checklist – App	olication for tree works	
	g checklist to make sure you have provided all the necessary information in surmation may result in your application being deemed invalid. The planning author. d.	
Plan showing accurately the	location of all tree(s). *	🛛 Yes 🗌 No
A full and clear specification	🛛 Yes 🗌 No	
A plan showing location of re	Yes 🛛 No	
The necessary reports as rec Intend to carry out. *	quested by your planning authority to support the reasons for the works you	☐ Yes ☒ No
Photographs. *		🛛 Yes 🗌 No
No fee is needed with an app	olication for Tree Works.	
Declare - Tree(s)	
I/we apply for permission to o information.	carry out works to trees as described in this form and the accompanying plans/c	Irawings and additional
Declaration Name:	Mr craig douglas	
Declaration Date:	09/02/2021	