

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 100425855-001

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						
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? *						

Applicant De	tails					
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:				
First Name: *	Paul	Building Number:	74			
Last Name: *	McCrorey	Address 1 (Street): *	Newton Street			
Company/Organisation		Address 2:				
Telephone Number: *	07810123300	Town/City: *	Greenock			
Extension Number:		Country: *	Inverclyde			
Mobile Number:		Postcode: *	PA16 8SR			
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:	74 NEWTON STREET					
Address 2:						
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	GREENOCK					
Post Code:	PA16 8SR					
Please identify/describe the location of the site or sites						
Northing	676808	Easting	226693			

Ownership of T	rees				
Is the applicant the owner of	🛛 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 Preservation Order, if known	details about the Tree Preservation Order or other protection (e.g. Title arn). * (Max 500 characters)	nd date of the Tree			
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: *	Common Beech				
Works description: *	Removal				
Note: if you are submitting a	schedule of works or a plan, please give the reference number in the des	cription 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	
	ng checklist to make sure you have provided all the necessary information in suppormation may result in your application being deemed invalid. The planning authorid.	
Plan showing accurately the	location of all tree(s). *	X Yes ☐ No
A full and clear specification	of the works to be carried out. *	X Yes ☐ No
A plan showing location of re	🛛 Yes 🗌 No	
The necessary reports as re- 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 ap	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/dra	awings and additional
Declaration Name:	Mr Alan Fielding	
Declaration Date:	09/06/2021	