

Teith House Kerse Road Stirling FK7 7QA Tel: 01786 233660 Fax: 01786 233186 Email: eplanning@stirling.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

100594979-001

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 JR Schad TreeCare Ltd Company/Organisation: Ref. Number: You must enter a Building Name or Number, or both: * Kaimes Cottage julian First Name: * **Building Name:** schad Last Name: * Building Number: Address 1 Muir of Orchil 01764681504 Telephone Number: * (Street): * Braco Extension Number: Address 2: Dunblane Town/City: * Mobile Number: Perthshire Fax Number: Country: * FK159LG Postcode: * jules@schad.myzen.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:				
First Name: *	Brian	Building Number:	9			
Last Name: *	Magee	Address 1 (Street): *	South Street			
Company/Organisation		Address 2:	Cambuskenneth			
Telephone Number: *		Town/City: *	Stirling			
Extension Number:		Country: *	Scotland			
Mobile Number:		Postcode: *	FK9 5NL			
Fax Number:						
Email Address: *						
Site Address Details						
Planning Authority:	Stirling Council					
Full postal address of the site (including postcode where available):						
Address 1:	9 SOUTH STREET					
Address 2:	CAMBUSKENNETH					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	STIRLING					
Post Code:	FK95NL					
Please identify/describe the location of the site or sites						
Northing	694067	Easting	280667			

Ownership of Trees					
Is the applicant the owner o	f the tree(s)? *	⊠ Yes □ No			
Details of Tree	Protection				
Under what procedures/designations are these tree(s) protected? *					
☐ Tree Preservation Ord	er en				
Conservation Area					
Condition on Planning	Permission				
Please provide any relevan Preservation Order, if know	t details about the Tree Preservation Order or other protection (e.g n). * (Max 500 characters)	. Title and date of the Tree			
authority for your previous a	on reference no. given to you by your planning application: *				
Identification of	f Tree(s) and Works Proposed				
Please indicate the tree(s) a	and provide a full detailed specification of the works you want to ca	rry out.			
roads and boundaries. A gr	of the tree(s) and include an accurate plan showing positions(s) of pup of trees can be treated as one. If the trees are protected by a Tree Preservation Order (for example T3 Oak; two Beech and one chedule of works.	TPO, please try to number them as shown			
Tree description: *	T.1 Apple tree				
Works description: *	Fell				
Tree description: *	T.2 Spruce				
Works description: *	Fell				
Tree description: *	T.3 Cypress				
Works description: *	Fell				
Note: if you are submitting a	a schedule of works or a plan, please give the reference number in	the description of the works.			

Reason for Proposed Tree Works					
	you wish to carry out the proposed works to tree(s). In particular, please indicate value in the following. If so, your application must be accompanied by				
Health or safety of the tro	ee(s) – e.g. it is diseased, fears that it might break or fall.				
Alleged subsidence dam	age.				
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.					
If Other, please provide further	er details: * (Max 500 characters)				
Getting too large for garden	ı.				
Tree Works – A	dditional Information				
Are you proposing to plant re	placement tree(s) in support of your application? *	☐ Yes 🏻 No			
lf Yes, please explain your re	planting proposals on plans or other supporting information.				
Checklist – App	lication for tree works				
•	g checklist to make sure you have provided all the necessary information in suppomation may result in your application being deemed invalid. The planning authorid.				
Plan showing accurately the I	ocation of all tree(s). *	🛛 Yes 🗌 No			
A full and clear specification of	of the works to be carried out. *	X Yes No			
A plan showing location of rep	placement trees. *	Yes 🛛 No			
The necessary reports as req Intend to carry out. *	uested by your planning authority to support the reasons for the works you	X Yes ☐ No			
Photographs. *		☐ Yes 🏻 No			
No fee is needed with an app	lication for Tree Works.				
Declare – Tree(s	s)				
I/we apply for permission to c information.	arry out works to trees as described in this form and the accompanying plans/dra	wings and additional			
Declaration Name:	Mr julian schad				
Declaration Date:	15/08/2022				