

Business Centre G.2 Waverley Court 4 East Market Street Edinburgh EH8 8BG Email: planning.support@edinburgh.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

100650139-001

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)						
Agent Details						
Please enter Agent details						
Company/Organisation:	Frontier Forestry Ltd.					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Andrew	Building Name:	Office Suite 1, Eastfield Business			
Last Name: *	Jenkins	Building Number:	4C			
Telephone Number: *		Address 1 (Street): *	Eastfield Farm Road			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	PENICUIK			
Fax Number:		Country: *	Midlothian			
		Postcode: *	EH26 8EZ			
Email Address: *						
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	uilding Name or Number, or both: *			
Other Title:		Building Name:				
First Name: *	MARIOLA	Building Number:	4			
Last Name: *	РОРКО	Address 1 (Street): *	ATHOLL PLACE			
Company/Organisation	JAMES GIBB RESIDENTIAL	Address 2:				
Telephone Number: *		Town/City: *	EDINBURGH			
Extension Number:		Country: *	SCOTLAND			
Mobile Number:		Postcode: *	EH3 8HT			
Fax Number:						
Email Address: *						
Site Address	Details					
Planning Authority:	City of Edinburgh Council					
Full postal address of th	ne site (including postcode where available	e):				
Address 1:						
Address 2:						
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:						
Post Code:						
Please identify/describe the location of the site or sites						
TREE OVERHANGING 19 COLTBRIDGE MILLSIDE, EDINBURGH, EH12						
Northing	673358	Easting	323035			

Ownership of 1	rees			
Is the applicant the owner o	f the tree(s)? *	Yes X No		
Has the owner been notified	1? *	⊠ Yes □ No		
What is your or the applican	nt's interest in the site where the tree(s) are located? * (Max 500 ch	naracters)		
THE APPLICANT IS ACTING ON BEHALF OF THE TREE OWNERS AND HAS THEIR PERMISSION TO DO SO				
Details of Tree	Protection			
Under what procedures/des	ignations are these tree(s) protected? *			
☐ Tree Preservation Orde	er			
☒ 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.n). * (Max 500 characters)	. Title and date of the Tree		
Places provide the application	on reference no. given to you by your planning			
authority for your previous a	on reference no. given to you by your planning application: *			
Identification o	of 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 gro	of the tree(s) and include an accurate plan showing positions(s) of cup 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: *	Early mature Lime overhanging garden at 19 Coltbridge Millside	2 .		
Works description: *	Crown lift to 5m over garden.			
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 dam	age.						
Mother (please specify).							
If you have selected Health of horticultural adviser).	r safety of the tree(s), or Other you should provide a report by a tree professional	l (e.g. arboriculturist,					
professional – to include date their identification; history of g	subsidence damage please provide a report by an engineer or surveyor, together and description of property damage; sub-soil type and shrinkage potential; locat ground and building movement through a distortion survey and/or level or crack netation in the vicinity and its management since discovery of the damage.	ion of any roots found and					
If Other, please provide further	er details: * (Max 500 characters)						
Tree work as per individual	tree work description.						
Troo Works - A	dditional Information						
TIEE WOIKS - A							
Are you proposing to plant rep	placement tree(s) in support of your application? *	Yes X No					
If 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 supp mation may result in your application being deemed invalid. The planning author I.						
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. *	🛛 Yes 🗌 No					
A plan showing location of rep	placement trees. *	Yes X No					
The necessary reports as req Intend to carry out. *	uested by your planning authority to support the reasons for the works you	Ⅺ 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	awings and additional					
Declaration Name:	Mr Andrew Jenkins						
Declaration Date:	31/10/2023						