

Is the applicant an individual or an organisation/corporate entity? *

kinburnlandscaping@aol.com

☐ Individual ☑ Organisation/Corporate entity

Email Address: *

KY16 8QR

Postcode: *

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: *	Avril	Building Number:	58			
Last Name: *	Morrison	Address 1 (Street): *	Bell Street			
Company/Organisation	Taylor and Martin	Address 2:				
Telephone Number: *		Town/City: *	Dundee			
Extension Number:		Country: *	United Kingdom			
Mobile Number:		Postcode: *	DD1 1HF			
Fax Number:						
Email Address: *	avril@taylorandmartin.co.uk					
Site Address Details						
Planning Authority:	Fife Council					
Full postal address of the site (including postcode where available):						
Address 1:	1 WEST PORT COURT					
Address 2:	BRIDGE STREET					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	ST ANDREWS					
Post Code:	KY16 9FB					
Please identify/describe the location of the site or sites						
Northing	716520	Easting	350590			

Ownership of T	rees	
Is the applicant the owner of	f the tree(s)? *	☐ Yes ☒ No
Has the owner been notified	i? *	🛚 Yes 🗌 No
What is your or the applican	t's interest in the site where the tree(s) are located? * (Max 500 ch	naracters)
Property factor for the ow	ners	
Details of Tree	Protection	
Under what procedures/des	ignations are these tree(s) protected? *	
☐ Tree Preservation Orde	er	
X Conservation Area		
Condition on Planning I	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
Please provide the applicati	on reference no. given to you by your planning	
authority for your previous a		
Identification o	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 gro	of the tree(s) and include an accurate plan showing positions(s) of coup 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: *	4No whitebeam trees	
Works description: *	To reduce height	
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					
	you wish to carry out the proposed works to tree(s). In particular, please indicate works include any of the following. If so, your application must be accompanied				
Health or safety of the tre	ee(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)				
n/a					
Troc Works A	dditional Information				
ree works – A	dditional Information				
Are you proposing to plant re	placement tree(s) in support of your application? *	☐ Yes ☒ 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 No			
The necessary reports as req Intend to carry out. *	uested 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	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:	Mrs Paula Sey				
Declaration Date:	07/11/2023				