• EDINBURGH COUNCIL						
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 100646067-001						
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						
	n agent? * (An agent is an architect, consult	ant or someone else a	icting			
on behall of the applicant	in connection with this application)					
Agent Details						
Please enter Agent detail	s					
Company/Organisation:	Ogilvie Hayes					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Nicolas	Building Name:				
Last Name: *	Hayes	Building Number:	8			
Telephone Number: *		Address 1 (Street): *	Gracemount square			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Edinburgh			
Fax Number:		Country: *	United Kingdom			
_		Postcode: *	Eh166eg			
Email Address: *						
Is the applicant an individual or an organisation/corporate entity? *						
Individual Organisation/Corporate entity						

Applicant Details						
Please enter Applicant det	ails					
Title:	Mr	You must enter a Building Name or Number, or both: *				
Other Title:		Building Name:				
First Name: *	Bob	Building Number:	4			
Last Name: *	Will	Address 1 (Street): *	St. Catherine's Place			
Company/Organisation		Address 2:				
Telephone Number: *		Town/City: *	Edinburgh			
Extension Number:		Country: *	United Kingdom			
Mobile Number:		Postcode: *	EH9 1NU			
Fax Number:						
Email Address: *						
Site Address I	Details					
Planning Authority:	City of Edinburgh Council					
Full postal address of the	site (including postcode where available):					
Address 1:	4 ST CATHERINE'S PLACE					
Address 2:	SCIENNES					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	EDINBURGH					
Post Code:	EH9 1NU					
Please identify/describe the location of the site or sites						
Northing 6	372158	Easting	326068			

## Ownership of Trees

Is the applicant the owner of the tree(s)? \*

X 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: *	Common Apple, enveloped with Ivy. Restricted growth on branches due to Ivy				
Works description: *	Removal to ground level, due to safety concerns of tree.				
<b>N N N N N N N N N N</b>					

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 damage.

U 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 – Additional Information				
Are you proposing to plant replacement tree(s) in support of your application? *	X Yes 🗌 No			
If Yes, please explain your replanting proposals on plans or other supporting information.				
Checklist – Application for tree works				
Please complete the following checklist to make sure you have provided all the necessary information in support of your application. Failure to submit all this information may result in your application being deemed invalid. The planning authority cannot start processing your application until it is valid.				
Plan showing accurately the location of all tree(s). *	X Yes 🗌 No			
A full and clear specification of the works to be carried out. *	🗙 Yes 🗌 No			
A plan showing location of replacement trees. *	🗌 Yes 🛛 No			
The necessary reports as requested by your planning authority to support the reasons for the works you Intend to carry out. *	🗙 Yes 🗌 No			
Photographs. *	X Yes 🗌 No			
No fee is needed with an application for Tree Works.				
Declare – Tree(s)				
I/we apply for permission to carry out works to trees as described in this form and the accompanying plans/dra information.	wings and additional			
Declaration Name: Mr Nicolas Hayes				
Declaration Date: 18/11/2023				