• 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 100653345-001						
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)						
Agent Details						
Please enter Agent details	3					
Company/Organisation:	TD Tree & Land Services					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Andrew	Building Name:				
Last Name: *	Lawton	Building Number:	3			
Telephone Number: *	07809400050	Address 1 (Street): *	3			
Extension Number:		Address 2:	The Mill Building			
Mobile Number:		Town/City: *	Duns			
Fax Number:		Country: *	United Kingdom			
		Postcode: *	TD11 3LE			
Email Address: *	andrew@tdtrees.co.uk					
Is the applicant an individual or an organisation/corporate entity? *						
Individual X Organisation/Corporate entity						

	tails				
Please enter Applicant de	etails	_			
Title:		You must enter a Building Name or Number, or both: *			
Other Title:		Building Name:	Astley Ainslie Hospital		
First Name: *	Kenny	Building Number:			
Last Name: *	Watt	Address 1 (Street): *	Grange LOAN		
Company/Organisation	NHS	Address 2:			
Telephone Number: *		Town/City: *	Edinburgh		
Extension Number:		Country: *	Scotland		
Mobile Number:		Postcode: *	EH9 2HL		
Fax Number:					
Email Address: *					
Site Address Details					
Planning Authority:	City of Edinburgh Council				
Full postal address of the site (including postcode where available):					
Full postal address of the	e site (including postcode where available):			
Full postal address of the Address 1:	e site (including postcode where available BALFOUR PAVILION):			
):			
Address 1:	BALFOUR PAVILION):			
Address 1: Address 2:	BALFOUR PAVILION ASTLEY AINSLIE HOSPITAL):			
Address 1: Address 2: Address 3:	BALFOUR PAVILION ASTLEY AINSLIE HOSPITAL):			
Address 1: Address 2: Address 3: Address 4:	BALFOUR PAVILION ASTLEY AINSLIE HOSPITAL				
Address 1: Address 2: Address 3: Address 4: Address 5:	BALFOUR PAVILION ASTLEY AINSLIE HOSPITAL 143 GRANGE LOAN				
Address 1: Address 2: Address 3: Address 4: Address 5: Town/City/Settlement: Post Code:	BALFOUR PAVILION ASTLEY AINSLIE HOSPITAL 143 GRANGE LOAN GRANGE				
Address 1: Address 2: Address 3: Address 4: Address 5: Town/City/Settlement: Post Code:	BALFOUR PAVILION ASTLEY AINSLIE HOSPITAL 143 GRANGE LOAN GRANGE EDINBURGH				
Address 1: Address 2: Address 3: Address 4: Address 5: Town/City/Settlement: Post Code:	BALFOUR PAVILION ASTLEY AINSLIE HOSPITAL 143 GRANGE LOAN GRANGE EDINBURGH				

Ownership of Tre	ees			
Is the applicant the owner of the	e tree(s)? *	Yes X No		
Has the owner been notified? *		X Yes No		
What is your or the applicant's i	What is your or the applicant's interest in the site where the tree(s) are located? * (Max 500 characters)			
The applicant is the Estates r	manager for the site			
Details of Tree P	rotection			
Under what procedures/designation	ations are these tree(s) protected? *			
X 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)				
TPO order No 3 2000				
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: *	Nillow			

Works description: *

Fell remainder of storm damaged tree

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 Pro	posed 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 t	ree(s) – e.g. it is diseased, fears that it might break or fall.			
Alleged subsidence dar	nage.			
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			
Are you proposing to plant re	eplacement tree(s) in support of your application? *	Yes X No		
If Yes, please explain your re	eplanting proposals on plans or other supporting information.			
Checklist – App	olication 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). *	🗙 Yes 🗌 No		
A full and clear specification	of the works to be carried out. *	Yes 🗌 No		
A plan showing location of re	eplacement trees. *	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 X No		
Photographs. *		X Yes 🗌 No		
No fee is needed with an ap	plication 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/drawings and additional information.				
Declaration Name:	Mr Andrew Lawton			
Declaration Date:	29/11/2023			