

Municipal Buildings Clyde Square Greenock PA15 1LY Tel: 01475 717171 Fax: 01475 712 468 Email: devcont.planning@inverclyde.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 100654243-001

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 guote this reference if you need to contact the planning Authority about this application.

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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)						
Applicant Det	ails					
Please enter Applicant de	tails					
Title:	Mr	You must enter a Building Name or Number, or both: *				
Other Title:		Building Name:	Vehicle Maintenance Facility			
First Name: *	Tom	Building Number:	8			
Last Name: *	Hughes	Address 1 (Street): *	Pottery Street			
Company/Organisation		Address 2:				
Telephone Number: *	01475714781	Town/City: *	Greenock			
Extension Number:		Country: *	Inverclyde			
Mobile Number:		Postcode: *				
Fax Number:						
Email Address: *	tom.hughes@inverclyde.gov.uk					

Site Address Details						
Planning Authority:	Inverclyde Council	Inverclyde Council				
Full postal address of the	ne site (including postcode where availab	le):				
Address 1:	59A NEWTON STREET	59A NEWTON STREET				
Address 2:						
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	GREENOCK	GREENOCK				
Post Code:	PA16 8SE					
Please identify/describe the location of the site or sites						
Northing	676633	Easting	226780			
Ownership of Trees						
Is the applicant the owner of the tree(s)? *			Ⅺ Yes ☐ No			
Details of Tr	ee 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)						
	nown). (wax 500 characters)					
	nown). (Max 500 characters)					

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: *	Tree Works Newton Street Greenock				
Works description: *	Tree Works as set out in a recent survey				
Note: if you are submitting a	schedule of works or a plan, please give the reference number in the description of	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 damage.					
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 re	eplacement tree(s) in support of your application? *	🛛 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	X Yes No				
A plan showing location of replacement trees. *					
The necessary reports as requested by your planning authority to support the reasons for the works you Intend to carry out. * Yes No					
Photographs. *		☐ 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/drawings and additional information.

Declaration Name: Mr Tom Hughes

Declaration Date: 07/12/2023