

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 100653823-001

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)  Applicant  Applicant						
Agent Details						
Please enter Agent details	3					
Company/Organisation:	Dawson Williamson Architects					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	David	Building Name:				
Last Name: *	Williamson	Building Number:	89			
Telephone Number: *	01274 551300	Address 1 (Street): *	Giles Street			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Edinburgh			
Fax Number:		Country: *	UK			
		Postcode: *	EH6 6BZ			
Email Address: *	david@dawsonwilliamson.co.uk					
Is the applicant an individual or an organisation/corporate entity? *  Individual  Organisation/Corporate entity						

Applicant Details						
Please enter Applicant	details					
Title:		You must enter a Bu	uilding Name or Number, or both: *			
Other Title:		Building Name:				
First Name: *		Building Number:	16			
Last Name: *		Address 1 (Street): *	Hope Terrace			
Company/Organisation	Elpis Property Ltd	Address 2:				
Telephone Number: *		Town/City: *	Edinburgh			
Extension Number:		Country: *	United Kingdom			
Mobile Number:		Postcode: *	EH9 2AP			
Fax Number:						
Email Address: *						
Site Address	Details					
Planning Authority:	City of Edinburgh Council					
Full postal address of the site (including postcode where available):						
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						
16 Hope Terrace Edi	nburgh EH9 2AP					
Northing	671772	Easting	325276			

Ownership of	Trees	
Is the applicant the owner	of the tree(s)? *	Ⅺ Yes ☐ No
Details of Tree	Protection	
Under what procedures/de	esignations are these tree(s) protected? *	
☐ Tree Preservation Or	der	
X Conservation Area		
Condition on Plannin	g Permission	
	ant details about the Tree Preservation Order or other protection (e.g. wn). * (Max 500 characters)	Title and date of the Tree
Please provide the application reference no. given to you by your planning authority for your previous application: *		
Please indicate the tree(s) Give details of the species roads and boundaries. A g	of Tree(s) and Works Proposed  and provide a full detailed specification of the works you want to car  s of the tree(s) and include an accurate plan showing positions(s) of the group of trees can be treated as one. If the trees are protected by a Tele Tree Preservation Order (for example T3 Oak; two Beech and one schedule of works.	the tree(s) in relation to buildings, named PO, please try to number them as shown
Tree description: *	T0952 Weeping Ash. Infected with Ash Dieback.	
Works description: *	Proposal to remove tree	
Tree description: *	T0954 Ash. Infected with Ash Dieback.	
Works description: *	Proposal to remove tree	
Note: if you are submitting	g a schedule of works or a plan, please give the reference number in t	the description of the works.
Please state the reason w	roposed Tree Works  Thy you wish to carry out the proposed works to tree(s). In particular, pased works include any of the following. If so, your application must be	
Health or safety of the	e tree(s) – e.g. it is diseased, fears that it might break or fall.	
Alleged subsidence d	lamage.	
Other (please specify	').	
If you have selected Healt horticultural adviser).	th or safety of the tree(s), or Other you should provide a report by a tr	ree professional (e.g. arboriculturist,
	ed subsidence damage please provide a report by an engineer or sur	

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	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	olication for tree works				
	g checklist to make sure you have provided all the necessary information in suppressed in the planning author d.				
Plan showing accurately the	location 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 re	placement trees. *	Yes X No			
The necessary reports as rec Intend to carry out. *	quested by your planning authority to support the reasons for the works you	X Yes No			
Photographs. *		🛛 Yes 🗌 No			
No fee is needed with an app	olication for Tree Works.				
Declare - Tree(s	s)				
I/we apply for permission to c information.	carry out works to trees as described in this form and the accompanying plans/dra	awings and additional			
Declaration Name:	Mr David Williamson				
Declaration Date:	18/12/2023				