

County Buildings Wellington Square Ayr KA7 1DR Tel: 01292 616 107 Email: planning.development@south-ayrshire.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 100659805-001

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)  $\leq$  Applicant T Agent

Agent Details					
Please enter Agent details	S				
Company/Organisation:	Ayrshire Tree Surgeons Ltd				
Ref. Number:		You must enter a Building Name or Number, or both: *			
First Name: *	Chris	Building Name:	North Hourat		
Last Name: *	Calvey	Building Number:			
Telephone Number: *	07920 763132	Address 1 (Street): *	A760 Largs Road		
Extension Number:		Address 2:			
Mobile Number:		Town/City: *	Kilbirnie		
Fax Number:		Country: *	Scotland		
		Postcode: *	KA25 7LJ		
Email Address: *	chris@ayrshiretreesurgeons.co.uk				
Is the applicant an individual or an organisation/corporate entity? * $ T  \text{Individual} \leq  \text{Organisation/Corporate entity} $					
Applicant Det	ails				
Please enter Applicant de	etails				
Title:	Mr	You must enter a Building Name or Number, or both: *			
Other Title:		Building Name:			
First Name: *	SCOTT	Building Number:	39		
Last Name: *	Thomson	Address 1 (Street): *	Castlehill Road		
Company/Organisation		Address 2:			
Telephone Number: *		Town/City: *	AYR		
Extension Number:		Country: *	Scotland		
Mobile Number:		Postcode: *	KA7 2HY		
Fax Number:					
Email Address: *					

Site Address Details						
Planning Authority:	South Ayrshire Council	South Ayrshire Council				
Full postal address of the	e site (including postcode where availab	ıle):				
Address 1:	39 CASTLEHILL ROAD					
Address 2:						
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	AYR					
Post Code:	KA7 2HY	KA7 2HY				
Please identify/describe the location of the site or sites						
Northing	620976	Easting	234205			
Ownership of Trees						
Is the applicant the owner	er of the tree(s)? *		$T$ Yes $\leq$ No			
Details of Tree Protection						
Under what procedures/	designations are these tree(s) protected	? *				
T 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)						
AYR CENTRAL TPO						
Please provide the appliauthority for your previous	cation reference no. given to you by you	ır planning				

## 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: *	multiple trees as detailed in the attached report	
Works description: *	tree pruning and tree removal	

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. \*

- $\Gamma$  Health or safety of the tree(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 replacement tree(s) in support of your application? \*

 $\leq$  Yes T No

 $T_{V} < v$ 

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). *	I Yes ≥ No
A full and clear specification of the works to be carried out. *	$T$ Yes $\leq$ No
A plan showing location of replacement trees. *	$\leq$ Yes $T$ No
The necessary reports as requested by your planning authority to support the reasons for the works you Intend to carry out. *	T Yes $\leq$ No
Photographs. *	$T$ Yes $\leq$ 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 Chris Calvey

Declaration Date: 04/02/2024