

APPLICATION FOR TREE WORKS

Town and Country Planning (Scotland) Act 1997
The Town and Country Planning (Tree Preservation Order and Trees in Conservation Areas) Scotland
Regulations 2010

Please refer to the accompanying **Guidance Notes** when completing this application
**PLEASE NOTE IT IS FASTER AND SIMPLER TO SUBMIT PLANNING APPLICATIONS
ELECTRONICALLY VIA <https://www.eplanning.scot>**

1. Applicant's Details		2. Agent's Details (if any)	
Title	MR	Ref No.	
Forename	GRAEME	Forename	
Surname	MILLAR	Surname	
Company Name		Company Name	
Building No./Name	18	Building No./Name	
Address Line 1	DAVIELAND ROAD	Address Line 1	
Address Line 2		Address Line 2	
Town/City	GIFFNOCK	Town/City	
Postcode	946 7LA	Postcode	
Telephone		Telephone	
Mobile		Mobile	
Fax		Fax	
Email		Email	

3. Address or Location of Proposed Tree Works (please include postcode)

18 DAVIELAND ROAD GIFFNOCK 946 7LA

NB. If you do not have a full site address please identify the location of the site(s) in your accompanying documentation.

4. Ownership of Trees

Is the applicant the owner of the trees? Yes No

If no, has the owner been notified? Yes No

If you are not the owner please provide the name and address of the owner (if known):

What is your / the applicant's interest in the site where the tree(s) are located?

OWNER

5. Details of Tree Protection

Under what procedures/designations are these trees(s) protected?

- Tree Preservation Order*
- Conservation Area
- Condition on Planning Permission**

*Please provide any relevant details about the Tree Preservation Order (e.g. title and date of the Tree Preservation Order, if known):

**Please give the application reference number:

6. Identification of Tree(s) and Works Proposed

Please identify 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 position(s) of the tree(s) in relation to buildings, named roads and boundaries. If the trees are protected by a TPO, please try to number them as shown in the First Schedule to the Tree Preservation Order (e.g. T3 Oak, two Beech and one Birch in G2; seven Ash in A1; sycamore in W1). You may submit a schedule of works.

Approximately how many trees are affected by the proposed works?*

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*A group of trees can be treated as one.

Please provide details:

Lopping of Chestnut Tree No ① Lopping of Lime Tree No ③
 Lopping of Birch Tree No ② Felling of Lime Tree No ⑤
 Lopping of Ash Tree No ④

7. Reasons for Proposed Tree Works

Please state the reasons 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.

- 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)

Lime Tree No ③ is diseased and in danger of falling into neighbour's.
 Other 4 Trees require to be cut back of major limbs from canopy of tree to line of previous tree work.

The Planning Authority may require you to submit a professional report in support of your reason for the proposed works.

8. Tree Works – additional information

Are you proposing to plant replacement tree(s) in support of your application?

Yes No

If yes, please outline your replanting proposals on plans or other supporting information.

Yes No

9. Planning Service Employee/Elected Member Interest

Are you / the applicant / the applicant's spouse or partner, a member of staff within the planning service or an elected member of the planning authority? Yes No

Or, are you / the applicant / the applicant's spouse or partner a close relative of a member of staff in the planning service or elected member of the planning authority? Yes No

If you have answered yes please provide details:

10. Declaration

I, the applicant/agent am applying for permission to carry out works to trees as described in this form. The accompanying plans/drawings and additional information are provided as part of this application. I hereby confirm that the information given in this form is true and accurate to the best of my knowledge.

Signature: [REDACTED] Name: GRAEME MILNAR Date: 7/2/2024

Any personal data that you have been asked to provide on this form will be held and processed in accordance with Data Protection Legislation.