

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

100659787-001

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						
Company/Organisation:	Lord of the Trees Ltd					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Pauline	Building Name:	3			
Last Name: *	Trollip	Building Number:				
Telephone Number: *	07968 865 826	Address 1 (Street): *	Meiklerig Cottages			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Dunbar			
Fax Number:		Country: *	Scotland			
		Postcode: *	EH42 1TF			
Email Address: *	jobs@lordofthetrees.com					
Is the applicant an individual or an organisation/corporate entity? * Individual Organisation/Corporate entity						

Applicant Details					
Please enter Applicant details					
Title:	Ms	You must enter a Bu	You must enter a Building Name or Number, or both: *		
Other Title:		Building Name:			
First Name: *	Jennifer	Building Number:	5A		
Last Name: *	Smart	Address 1 (Street): *	5A Chalmers Crescent		
Company/Organisation		Address 2:			
Telephone Number: *		Town/City: *	Edinburgh		
Extension Number:		Country: *	Scotland		
Mobile Number:		Postcode: *	EH9 1TW		
Fax Number:					
Email Address: *					
Site Address	Details				
Planning Authority:	City of Edinburgh Council				
Full postal address of th	e site (including postcode where available)):			
Address 1:	5A CHALMERS CRESCENT				
Address 2:	MARCHMONT				
Address 3:					
Address 4:					
Address 5:					
Town/City/Settlement:	EDINBURGH				
Post Code:	EH9 1TW				
Please identify/describe the location of the site or sites					
Northing	672177	Easting	325656		

Ownership of	Trees	
Is the applicant the owner	of the tree(s)? *	Ⅺ Yes ☐ No
Details of Tree	e Protection	
Under what procedures/d	esignations are these tree(s) protected? *	
Tree Preservation Or	rder	
X Conservation Area		
Condition on Plannin	g Permission	
	ant details about the Tree Preservation Order or other protection (e.g. own). * (Max 500 characters)	Title and date of the Tree
Please provide the application authority for your previous	ation reference no. given to you by your planning s application: *	
Please indicate the tree(s Give details of the species roads and boundaries. A	of Tree(s) and Works Proposed) and provide a full detailed specification of the works you want to can s of the tree(s) and include an accurate plan showing positions(s) of t group of trees can be treated as one. If the trees are protected by a T te Tree Preservation Order (for example T3 Oak; two Beech and one a schedule of works.	the tree(s) in relation to buildings, named PO, please try to number them as shown
Tree description: *	T1 - Cypress	
Works description: *	Removal	
Tree description: *	T2 Leylandii	
Works description: *	Removal	
Note: if you are submitting	g a schedule of works or a plan, please give the reference number in	the description of the works.
Please state the reason w	roposed Tree Works why you wish to carry out the proposed works to tree(s). In particular, osed works include any of the following. If so, your application must be	
Health or safety of th	e tree(s) – e.g. it is diseased, fears that it might break or fall.	
Alleged subsidence of	damage.	
X Other (please specify	y).	
If you have selected Heal horticultural adviser).	th or safety of the tree(s), or Other you should provide a report by a tr	ree professional (e.g. arboriculturist,
	led subsidence damage please provide a report by an engineer or su	

	ground and building movement through a distortion survey and/or level or crack n etation in the vicinity and its management since discovery of the damage.	nonitoring over a period of		
If Other, please provide further	er details: * (Max 500 characters)			
,,	ess to be removed. T2: Leylandii - Tall and over crowding leylandii very close to arried out in line with BS3998: 2010	the wall to be		
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	lication 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 I	ocation of all tree(s). *	🛛 Yes 🗌 No		
A full and clear specification of the works to be carried out. *		X Yes No		
A plan showing location of re	placement trees. *	Yes No		
The necessary reports as req Intend to carry out. *	uested 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	dication for Tree Works.			
Declare - Tree(s	s)			
I/we apply for permission to c information.	earry out works to trees as described in this form and the accompanying plans/dra	wings and additional		
Declaration Name:	Mrs Pauline Trollip			
Declaration Date:	04/02/2024			