

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 100661178-001

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   |                            |  |                 |  |  |
| Company/Organisation:  | GRS Tree Services          |  |                 |  |  |
| Ref. Number:   |                            | You must enter a Building Name or Number, or both: * |                 |  |  |
| First Name: *  | Gregor                     | Building Name:                                       |                 |  |  |
| Last Name: *   | Stevenson                  | Building Number:                                     | 3               |  |  |
| Telephone Number: *  | 07865933008                | Address 1 (Street): *                                | Bargrennan Road |  |  |
| Extension Number:  |                            | Address 2:   |                 |  |  |
| Mobile Number:   |                            | Town/City: *   | Troon           |  |  |
| Fax Number:  |                            | Country: *   | Scotland        |  |  |
|  |                            | Postcode: *  | KA10 7JR        |  |  |
| Email Address: *   | info@grstreeservices.co.uk |  |                 |  |  |
| Is the applicant an individual or an organisation/corporate entity? $^\star$ $\leq$ Individual $T$ Organisation/Corporate entity |                            |  |                 |  |  |
| Applicant Details  |                            |  |                 |  |  |
| Please enter Applicant de  | etails                     |  |                 |  |  |
| Title:   | Mr                         | You must enter a Building Name or Number, or both: * |                 |  |  |
| Other Title:   |                            | Building Name:                                       |                 |  |  |
| First Name: *  | Gregor                     | Building Number:                                     | 3               |  |  |
| Last Name: *   | Stevenson                  | Address 1<br>(Street): *                             | Bargrennan Road |  |  |
| Company/Organisation   | GRS Tree Services          | Address 2:   |                 |  |  |
| Telephone Number: *  |                            | Town/City: *   | Troon           |  |  |
| Extension Number:  |                            | Country: *   | Scotland        |  |  |
| Mobile Number:   |                            | Postcode: *  | Ka10 7jr        |  |  |
| Fax Number:  |                            |  |                 |  |  |
| Email Address: *   |                            |  |                 |  |  |

| Site Address Details                                       |  |                                |                   |  |  |  |
|--|--|--------------------------------|-------------------|--|--|--|
| Planning Authority:  | South Ayrshire Council   |                                |                   |  |  |  |
| Full postal address of t                                   | he site (including postcode where availab                      | le):                           |                   |  |  |  |
| Address 1:   | 1 CROSBIE COURT  | 1 CROSBIE COURT                |                   |  |  |  |
| Address 2:   |  |                                |                   |  |  |  |
| Address 3:   |  |                                |                   |  |  |  |
| Address 4:   |  |                                |                   |  |  |  |
| Address 5:   |  |                                |                   |  |  |  |
| Town/City/Settlement:                                      | TROON  |                                |                   |  |  |  |
| Post Code:   | KA10 6ES   |                                |                   |  |  |  |
| Please identify/describe the location of the site or sites |  |                                |                   |  |  |  |
|  |  |                                |                   |  |  |  |
| Northing   | 629821   | Easting                        | 232832            |  |  |  |
|  |  |                                |                   |  |  |  |
| Ownership o  | of Trees   |                                |                   |  |  |  |
| Is the applicant the owner of the tree(s)? *               |  |                                | ≤ Yes T No        |  |  |  |
| Has the owner been notified? *                             |  |                                | $T$ Yes $\leq$ No |  |  |  |
| What is your or the app                                    | olicant's interest in the site where the tree                  | (s) are located? * (Max 500 ch | aracters)         |  |  |  |
| I am the Contractor who will be carrying out the work      |  |                                |                   |  |  |  |
|  | so sa,g sa   |                                |                   |  |  |  |
| Taill till Gollingson                                      |  |                                |                   |  |  |  |
|  |  |                                |                   |  |  |  |
| Details of Tr  | ee Protection s/designations are these tree(s) protected       | ?*                             |                   |  |  |  |
| Details of Tr  | ee Protection s/designations are these tree(s) protected       | ?*                             |                   |  |  |  |
| Details of Tr  | ee Protection s/designations are these tree(s) protected Order | ?*                             |                   |  |  |  |

| Please provide any relevan<br>Preservation Order, if know   | t details about the Tree Preservation Order or other protection (e.g. Title and date of the Tree vn). * (Max 500 characters)  |  |  |
|---|---|--|--|
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
| Please provide the applicat   | ion reference no. given to you by your planning   |  |  |
| authority for your previous   | application: *  |  |  |
| Identification o  | of Tree(s) and Works Proposed   |  |  |
| Please indicate the tree(s) a   | and provide a full detailed specification of the works you want to carry out.   |  |  |
| roads and boundaries. A gr  | of the tree(s) and include an accurate plan showing positions(s) of the tree(s) in relation to buildings, named roup of trees can be treated as one. If the trees are protected by a TPO, please try to number them as shown Tree Preservation Order (for example T3 Oak; two Beech and one Birch in G2; seven Ash in A1; sycamore schedule of works. |  |  |
| Tree description: *   | T1 scots pine   |  |  |
| Works description: *  | remove to ground level  |  |  |
| Tree description: *   | T2 scots pine   |  |  |
| Works description: *  | remove to ground level  |  |  |
| Tree description: *   | T3 corsican pine  |  |  |
| Works description: *  | remove hanging limb   |  |  |
| Tree description: *   | T4 sycamore/mixed trees   |  |  |
| Works description: *  | re-pollard  |  |  |
| Tree description: *   | T5 sycamore/mixed trees   |  |  |
| Works description: *  | re-pollard  |  |  |
| 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 Pro  | pposed 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. * |   |  |  |
| T Health or safety of the tree(s) – e.g. it is diseased, fears that it might break or fall.   |   |  |  |
| ≤ Alleged subsidence damage.  |   |  |  |
| T 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.

If Other, please provide further details: \* (Max 500 characters)

T1 & T2 are both windblown and damaged. T3 is a snapped out limb which is hanging over pavement. T4 & T5 are required to be re-pollard as part of ongoing maintenance as they currently obstruct residents view from windows.

## **Tree Works - Additional Information**

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

 $\leq$  Yes T 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). \*

 $T \text{ Yes} \leq \text{No}$ 

A full and clear specification of the works to be carried out. \*

 $T \text{ Yes} \leq \text{ No}$ 

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. \*

 $\leq$  Yes T 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 Gregor Stevenson

Declaration Date: 18/02/2024