| • EDINBURGH COUNCIL | | | | | | |
|---|--|--|--------------------------------|--|--|--|
| Business Centre G.2 Way | verley Court 4 East Market Street Edinburgh | EH8 8BG Email: plai | nning.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 | 100665761-001 | | | | | |
| 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 | | | | | | |
| | n agent? * (An agent is an architect, consulta in connection with this application) | ant of someone else a | Applicant 🖾 Agent | | | |
| Agent Details | | | | | | |
| Please enter Agent details | S | | | | | |
| Company/Organisation: | Edinburgh Tree Surgeons | | | | | |
| Ref. Number: | | You must enter a Building Name or Number, or both: * | | | | |
| First Name: * | Alan | Building Name: | | | | |
| Last Name: * | Dewar | Building Number: | 2 | | | |
| Telephone Number: * | 01315100533 | Address 1 (Street): * | Westerhaugh | | | |
| Extension Number: | | Address 2: | Auchendinny | | | |
| Mobile Number: | | Town/City: * | Penicuik | | | |
| Fax Number: | | Country: * | UK | | | |
| | | Postcode: * | EH26 8PF | | | |
| Email Address: * | info@edinburghgardeners.co.uk | | | | | |
| Is the applicant an individual or an organisation/corporate entity? * | | | | | | |
| Individual Organisation/Corporate entity | | | | | | |

| Applicant De | tails | | | | |
|---|-----------------------------------|--------------------------|--|--|--|
| Please enter Applicant d | letails | | | | |
| Title: | Mr | You must enter a Bu | You must enter a Building Name or Number, or both: * | | |
| Other Title: | | Building Name: | | | |
| First Name: * | Stephen | Building Number: | 2 | | |
| Last Name: * | Coleman | Address 1 (Street): * | Dreghorn Loan | | |
| Company/Organisation | | Address 2: | | | |
| Telephone Number: * | | Town/City: * | Edinburgh | | |
| Extension Number: | | Country: * | UK | | |
| Mobile Number: | | Postcode: * | EH13 0DE | | |
| 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: | 2 DREGHORN LOAN | | | | |
| Address 2: | REDFORD | | | | |
| Address 3: | | | | | |
| Address 4: | | | | | |
| Address 5: | | | | | |
| Town/City/Settlement: | EDINBURGH | | | | |
| Post Code: | EH13 0DE | | | | |
| Please identify/describe | the location of the site or sites | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Ownership of Trees

Is the applicant the owner of the tree(s)? *

X Yes No

Details of Tree Protection

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

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)

Please provide the application reference no. given to you by your planning authority for your previous application: *

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: * | t1 yew | |
|--|--|--|
| Works description: * | prune up to 1m off top and sides | |
| Tree description: * | t2 yew | |
| Works description: * | prune up to 1m off top and sides | |
| Tree description: * | t3 yew | |
| Works description: * | prune up to 1m off top and sides | |
| Tree description: * | t4 cherry | |
| Works description: * | remove too close to house and tangled in telephone wires | |
| 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 | oposed Tree Works | | | | |
|---|---|--------------------------|--|--|--|
| | y you wish to carry out the proposed works to tree(s). In particular, please indicate ad works include any of the following. If so, your application must be accompanied | | | | |
| Health or safety of the t | tree(s) – e.g. it is diseased, fears that it might break or fall. | | | | |
| Alleged subsidence dat | mage. | | | | |
| Other (please specify). | | | | | |
| If you have selected Health horticultural adviser). | or safety of the tree(s), or Other you should provide a report by a tree professiona | l (e.g. arboriculturist, | | | |
| 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 furth | her details: * (Max 500 characters) | | | | |
| general pruning / upkeep for yews removal of cherry, poorly sited. Too close to house and telephone wires | | | | | |
| | | | | | |
| Tree Works – A | Additional Information | | | | |
| Are you proposing to plant r | eplacement tree(s) in support of your application? * | 🗌 Yes 🛛 No | | | |
| If Yes, please explain your r | replanting proposals on plans or other supporting information. | | | | |
| Checklist – Ap | plication for tree works | | | | |
| | ng checklist to make sure you have provided all the necessary information in sup ormation may result in your application being deemed invalid. The planning author lid. | | | | |
| Plan showing accurately the | e location of all tree(s). * | 🗙 Yes 🗌 No | | | |
| | n of the works to be carried out. * | 🗙 Yes 🗌 No | | | |
| A plan showing location of r | eplacement trees. * | Yes X No | | | |
| The necessary reports as re Intend to carry out. * | equested by your planning authority to support the reasons for the works you | X Yes 🗌 No | | | |
| Photographs. * | | X Yes No | | | |
| No fee is needed with an ap | oplication for Tree Works. | | | | |
| Declare – Tree | (S) | | | | |
| I/we apply for permission to information. | carry out works to trees as described in this form and the accompanying plans/dr | awings and additional | | | |
| Declaration Name: | Mr Alan Dewar | | | | |
| Declaration Date: | 22/03/2024 | | | | |
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