

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

100665857-001

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:	Mclaren tree surgery ltd					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Crawford	Building Name:				
Last Name: *	McLaren	Building Number:	300			
Telephone Number: *	07753293922	Address 1 (Street): *	Colinton Mains Road			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Edinburgh			
Fax Number:		Country: *	Scotland			
		Postcode: *	EH13 9BS			
Email Address: *	mclarentreesurgery@outlook.com					
Is the applicant an individual or an organisation/corporate entity? * Individual Organisation/Corporate entity						
· ·						

Applicant Details						
Please enter Applicant details						
Title:	Mrs	You must enter a Bu	You must enter a Building Name or Number, or both: *			
Other Title:		Building Name:				
First Name: *	Annalise	Building Number:	4			
Last Name: *	Shaw	Address 1 (Street): *	Ravelston Park			
Company/Organisation		Address 2:				
Telephone Number: *		Town/City: *	Edinburgh			
Extension Number:		Country: *	United Kingdom			
Mobile Number:		Postcode: *	EH4 3DX			
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:	4 RAVELSTON PARK					
Address 2:	RAVELSTON					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	EDINBURGH					
Post Code:	EH4 3DX					
Please identify/describe the location of the site or sites						
Northing	673948	Easting	323406			

Ownership of Trees					
Is the applicant the owner of		⊠ Yes □ No			
Details of Tree	Protection				
Under what procedures/designations are these tree(s) protected? *					
Tree Preservation Ord	er				
⊠ 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 applicat authority for your previous	ion reference no. given to you by your planning				
Identification of	of Tree(s) and Works Proposed				
Please indicate the tree(s)	and provide a full detailed specification of the works you want to c	arry 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: *	Cypress 1 of 3				
Works description: *	fell to ground level and grind out stump to a minimum depth of	20cm below current ground level			
Tree description: *	Cypress 2 of 3				
Works description: *	fell to ground level and grind out stump to a minimum depth of	20cm below current ground level			
Tree description: *	Cypress 3 of 3				
Works description: *	fell to ground level and grind out stump to a minimum depth of	20cm below current ground level			
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. *							
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 o horticultural adviser).	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	er details: * (Max 500 characters)						
Cypress x3 - fell each tree to ground level and grind out respective stump to a minimum depth of 20cm below current ground level to allow for garden renovations.							
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						
	g checklist to make sure you have provided all the necessary information in suppression may result in your application being deemed invalid. The planning authorid.						
Plan showing accurately the I	ocation of all tree(s). *	🛛 Yes 🗌 No					
A full and clear specification of	of the works to be carried out. *	X Yes No					
A plan showing location of rep	placement trees. *	Yes X No					
The necessary reports as req Intend to carry out. *	uested by your planning authority to support the reasons for the works you	☐ Yes ☒ No					
Photographs. *		🛛 Yes 🗌 No					
No fee is needed with an app	lication for Tree Works.						
Declare - Tree(s	s)						
I/we apply for permission to c information.	arry out works to trees as described in this form and the accompanying plans/dra	wings and additional					
Declaration Name:	Mr Crawford McLaren						
Declaration Date:	24/03/2024						