



Viewmount Arduthie Road Stonehaven AB39 2DQ Tel: 01467 534333 Email: planningonline@aberdeenshire.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 100667157-001

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)

Applicant Agent

Agent Details

Please enter Agent details

Company/Organisation:	<input type="text" value="MDC Tree Surgery"/>		
Ref. Number:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
First Name: *	<input type="text" value="mike"/>	Building Name:	<input type="text"/>
Last Name: *	<input type="text" value="combe"/>	Building Number:	<input type="text" value="3"/>
Telephone Number: *	<input type="text" value="07377509610"/>	Address 1 (Street): *	<input type="text" value="nicol road"/>
Extension Number:	<input type="text"/>	Address 2:	<input type="text"/>
Mobile Number:	<input type="text"/>	Town/City: *	<input type="text" value="kintore"/>
Fax Number:	<input type="text"/>	Country: *	<input type="text" value="scotland"/>
		Postcode: *	<input type="text" value="ab51 0qa"/>
Email Address: *	<input type="text" value="mike@mdctreesurgery.com"/>		

Is the applicant an individual or an organisation/corporate entity? *

Individual Organisation/Corporate entity

Applicant Details

Please enter Applicant details

Title:	<input type="text" value="Mr"/>	You must enter a Building Name or Number, or both: *	
Other Title:	<input type="text"/>	Building Name:	<input type="text" value="478"/>
First Name: *	<input type="text" value="mike"/>	Building Number:	<input type="text" value="478"/>
Last Name: *	<input type="text" value="combe"/>	Address 1 (Street): *	<input type="text" value="478 Stoneywood Brae"/>
Company/Organisation	<input type="text" value="MDC Tree Surgery"/>	Address 2:	<input type="text" value="478 Stoneywood Brae"/>
Telephone Number: *	<input type="text" value="REDACTED"/>	Town/City: *	<input type="text" value="aberdeen"/>
Extension Number:	<input type="text"/>	Country: *	<input type="text" value="scotland"/>
Mobile Number:	<input type="text" value="REDACTED"/>	Postcode: *	<input type="text" value="AB21 9FD"/>
Fax Number:	<input type="text"/>		
Email Address: *	<input type="text" value="REDACTED"/>		

Site Address Details

Planning Authority:	<input type="text" value="Aberdeenshire Council"/>
Full postal address of the site (including postcode where available):	
Address 1:	<input type="text" value="MATLOCK HOUSE"/>
Address 2:	<input type="text" value="9 KING STREET"/>
Address 3:	<input type="text" value="OLDMELDRUM"/>
Address 4:	<input type="text"/>
Address 5:	<input type="text"/>
Town/City/Settlement:	<input type="text" value="INVERURIE"/>
Post Code:	<input type="text" value="AB51 0EQ"/>

Please identify/describe the location of the site or sites

Northing	<input type="text" value="827371"/>	Easting	<input type="text" value="380883"/>
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Ownership of Trees

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

Yes No

Has the owner been notified? *

Yes No

What is your or the applicant's interest in the site where the tree(s) are located? * (Max 500 characters)

applying for permission to remove the conifer tree and crown reduction of two holly trees, client at 9 king street, oldmeldrum, is the owner of the trees

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: *

conifer

Works description: *

removal from middle of driveway, to aid off street parking

Tree description: *

holly tree x 2

Works description: *

crown reduction x 2

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 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)

removal of conifer tree to aid off street parking along with two crown reductions of holly trees

Tree Works – Additional Information

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

Yes 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). * Yes No

A full and clear specification of the works to be carried out. * Yes No

A plan showing location of replacement trees. * Yes No

The necessary reports as requested by your planning authority to support the reasons for the works you intend to carry out. * Yes No

Photographs. * Yes 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 mike combe

Declaration Date: 03/04/2024