		an and a					
•EDINBVRGH•							
	THE CITY OF EDINBURGH COUNCIL						
Business Centre G.2 Way	verley Court 4 East Market Street Edinburgh	EH8 8BG Email: plar	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	100666131-001						
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 or someone else a	cting				
Agent Details							
Please enter Agent details	S						
Company/Organisation:	Capital Tree Services Ltd						
Ref. Number:		You must enter a Building Name or Number, or both: *					
First Name: *	John	Building Name:					
Last Name: *	Morton	Building Number:	31				
Telephone Number: *	07928404334	Address 1 (Street): *	Auld Coal Bank				
Extension Number:		Address 2:					
Mobile Number:		Town/City: *	Bonnyrigg				
Fax Number:		Country: *	United Kingdom				
		Postcode: *	EH19 3JN				
Email Address: *	info@capitaltreeservices.com						
Is the applicant an individual or an organisation/corporate entity? *							
Individual X Organisation/Corporate entity							

Applicant Details						
Please enter Applicant de	etails					
Title:	Mr	You must enter a Bu	You must enter a Building Name or Number, or both: *			
Other Title:		Building Name:				
First Name: *	john	Building Number:	31			
Last Name: *	morton	Address 1 (Street): *	Auld Coal Bank			
Company/Organisation	Capital Tree services Ltd	Address 2:				
Telephone Number: *		Town/City: *	Bonnyrigg			
Extension Number:		Country: *	United Kingdom			
Mobile Number:		Postcode: *	EH19 3JN			
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:	100 MORNINGSIDE DRIVE					
Address 2:	MORNINGSIDE					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	EDINBURGH					
Post Code:	EH10 5NT					
Post Code:	EH10 5NT the location of the site or sites					
Post Code:						
Post Code:						

Ownership of T	rees			
Is the applicant the owner of	f the tree(s)? *	Yes X No		
Has the owner been notified	? *	X Yes No		
What is your or the applican	t's interest in the site where the tree(s) are located? * (Max 500 characters)			
We have been contracted	to carryout the work			
Details of Tree	Protection			
Under what procedures/des	ignations are these tree(s) protected? *			
Tree Preservation Orde	er			
Conservation Area				
Condition on Planning I	Permission			
Preservation Order, if known	on reference no. given to you by your planning	of the Tree		
Identification o	f Tree(s) and Works Proposed			
Please indicate the tree(s) a	nd 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 cypress			
Works description: *	Remove			
Tree description: *	G2 2 times cypress			
Works description: *	Remove]	
Tree description: *	9 times lime		1	
Works description: *	re pollard		İ	

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	posed Tree Works			
Please state the reason why	you wish to carry out the proposed works to tree(s). In particular, please indicate d works include any of the following. If so, your application must be accompanied			
Health or safety of the t	ree(s) – e.g. it is diseased, fears that it might break or fall.			
Alleged subsidence dan	nage.			
Other (please specify).				
If you have selected Health o horticultural adviser).	or safety of the tree(s), or Other you should provide a report by a tree professiona	al (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	er details: * (Max 500 characters)			
please see attached photo	s and letter			
Tree Works – A	dditional Information			
Are you proposing to plant re	eplacement tree(s) in support of your application? *	🗌 Yes 🛛 No		
If Yes, please explain your re	eplanting proposals on plans or other supporting information.			
Checklist – App	plication for tree works			
	ig checklist to make sure you have provided all the necessary information in sup irmation may result in your application being deemed invalid. The planning autho id.			
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 re	eplacement trees. *	Yes 🗌 No		
The necessary reports as re- Intend to carry out. *	quested by your planning authority to support the reasons for the works you	Yes X No		
Photographs. *		🗙 Yes 🗌 No		
No fee is needed with an ap	plication 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	rawings and additional		
Declaration Name:	Mr John Morton			
Declaration Date:	26/03/2024			