

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

100664934-001

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 Applicant Applicant						
Agent Details						
Please enter Agent details	s					
Company/Organisation:						
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Lilias	Building Name:				
Last Name: *	Fraser	Building Number:	8			
Telephone Number: *		Address 1 (Street): *	8 Brunton Ter			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Edinburgh			
Fax Number:		Country: *	United Kingdom			
		Postcode: *	EH7 5EQ			
Email Address: *						
Is the applicant an individual or an organisation/corporate entity? *						
☑ Individual ☐ Organisation/Corporate entity						

Applicant De	etails					
Please enter Applicant details						
Title:	Mrs	You must enter a Bu	uilding Name or Number, or both: *			
Other Title:		Building Name:				
First Name: *	Julia	Building Number:	32B			
Last Name: *	Korner	Address 1 (Street): *	Royal Terrace			
Company/Organisation		Address 2:	8			
Telephone Number: *		Town/City: *	Edinburgh			
Extension Number:		Country: *	United Kingdom			
Mobile Number:		Postcode: *	EH7 5AH			
Fax Number:						
Email Address: *						
Site Address	Details					
Planning Authority:	City of Edinburgh Council					
Full postal address of th	ne site (including postcode where available	e):				
Address 1:	32B ROYAL TERRACE					
Address 2:	CALTON HILL					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	EDINBURGH					
Post Code:	EH7 5AH					
Please identify/describe the location of the site or sites						
Northing	674360	Easting	326634			

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	ler				
Conservation Area					
Condition on Planning Permission					
Please provide any relevar Preservation Order, if know	nt details about the Tree Preservation Order or other protection (e./n). * (Max 500 characters)	g. Title and date of the Tree			
	tion reference no. given to you by your planning				
authority for your previous	аррисаноп.				
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	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: *	1. Prunus laurocerasus / cherry laurel				
Works description: *	Prune to reduce height by 1.5m, and reduce width by 1m all ro	pund.			
Tree description: *	2. Griselinia littoralis				
Works description: *	Prune to reduce height by 2m, and reduce width by up to 1m a	all round.			
Tree description: *	3. Fatsia japonica				
Works description: *	Fell this small tree / shrub completely (to be replaced in future	with new planting)			
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 tre	Health or safety of the tree(s) – e.g. it is diseased, fears that it might break or fall.						
Alleged subsidence dam	age.						
Other (please specify).							
If you have selected Health of 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)						
These trees are part of a planting scheme around 15-20 years old. They have not been pruned fully for some years, and are now in need of reshaping and reduction in height (Grisolinia littoralis and Prunus laurocerastus). The Fatsia japonica appears to have been a multi-stemmed shrub to start with, but has grown substantially since planting and we request permission to fell.							
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 suppr mation may result in your application being deemed invalid. The planning authori d.						
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:	Ms Lilias Fraser						
Declaration Date:	28/03/2024						