

Applicant Agent

Teith House Kerse Road Stirling FK7 7QA Tel: 01786 233660 Fax: 01786 233186 Email: eplanning@stirling.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 100668961-001

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:	JR Schad TreeCare Ltd			
Ref. Number:		You must enter a Building Name or Number, or both: *		
First Name: *	julian	Building Name:	Kaimes Cottage	
Last Name: *	schad	Building Number:		
Telephone Number: *	01764681504	Address 1 (Street): *	Muir of Orchil	
Extension Number:		Address 2:	Braco	
Mobile Number:		Town/City: *	Dunblane	
Fax Number:		Country: *	Perthshire	
		Postcode: *	FK159LG	
Email Address: *	jules@schad.myzen.co.uk			
Is the applicant an individual or an organisation/corporate entity? *				
Individual Organisation/Corporate entity				

Applicant De	etails		
Please enter Applicant	details		
Title:	Mr	You must enter a Bu	uilding Name or Number, or both: *
Other Title:		Building Name:	Minewood Cottage
First Name: *	Dean	Building Number:	
Last Name: *	Hartley	Address 1 (Street): *	11
Company/Organisation		Address 2:	Abercromby Drive
Telephone Number: *	07717317657	Town/City: *	Bridge of Allan
Extension Number:		Country: *	Scotland
Mobile Number:		Postcode: *	FK9 4EA
Fax Number:			
Email Address: *	info@jrschad.co.uk		
Site Address	Details		
Planning Authority:	Stirling Council		
Full postal address of th	ne site (including postcode where available	e):	
Address 1:	MINEWOOD COTTAGE		
Address 2:	11 ABERCROMBY DRIVE		
Address 3:	BRIDGE OF ALLAN		
Address 4:			
Address 5:			
Town/City/Settlement:	STIRLING		
Post Code:	FK9 4EA		
Please identify/describe	the location of the site or sites		
Northing	697686	Easting	279680

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: *	T.1 Norway Spruce
Works description: *	Fell
Tree description: *	T.2 Norway Spruce
Works description: *	Fell

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.

\mathbf{X}	Other	(please	specify).	
<u> </u>	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

	ground and building movement through a distortion survey and/or level or crack n etation in the vicinity and its management since discovery of the damage.	nonitoring over a period of
If Other, please provide furthe	er details: * (Max 500 characters)	
These trees are pushing ov	er the boundary wall, and are unsuitable for retention, given their potential size.	
Tree Works – A	dditional Information	
Are you proposing to plant re	placement tree(s) in support of your application? *	Yes X 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 supp mation may result in your application being deemed invalid. The planning authori d.	
Plan showing accurately the l	ocation of all tree(s). *	🗙 Yes 🗌 No
A full and clear specification of	of the works to be carried out. *	🗙 Yes 🗌 No
A plan showing location of re	placement trees. *	🗌 Yes 🔀 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 X No
No fee is needed with an app	lication for Tree Works.	
Declare – Tree(s	5)	
I/we apply for permission to c information.	arry out works to trees as described in this form and the accompanying plans/dra	awings and additional
Declaration Name:	Mr julian schad	
Declaration Date:	19/04/2024	