

**Ancient Monuments and Archaeological Areas Act 1979**

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application. You can complete and submit this form by email ([hs.smc@scotland.gsi.gov.uk](mailto:hs.smc@scotland.gsi.gov.uk)) or by post to Heritage Management Business Support, Historic Environment Scotland, Longmore House, Salisbury Place, Edinburgh, EH9 1SH.

**1 Applicant name and address**

<b>Title</b>	MR	<b>First Name</b>	ALASTAIR	<b>Surname</b>	RIDDELL
<b>Company / Organisation</b>	NORTH CHESTHILL ESTATE				
<b>Building No / Name</b>	BALINTYRE				
<b>Street</b>	GLEN LYON				
<b>Town / City</b>	ABERFELDY				
<b>County / Region</b>	PERTHSHIRE				
<b>Postcode</b>	PH15 2NH				

**2 Monument to which application applies**

<b>Index no</b>	8996	<b>Name</b>	CARNBANE CASTLE
<b>Local Authority</b>	PERTH & KINROSS	<b>Grid Ref</b>	NN677479
<b>Description of location of land</b>	WITHIN WOODLAND 1KM WEST OF BALINTYRE		

**3 Pre-application discussions**

<b>Have you undertaken pre-application discussions with Historic Environment Scotland? (If yes, please give details below)</b>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
PROPOSALS AGREED AND METHOD STATEMENT APPROVED	

**4 Summary of proposed works (max 20 words)**

REMOVAL OF TREES
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**5 Description of proposed works**

FELLING OF TREES, EXTRACTION OF TIMBER AND REMOVAL OF SAPLINGS FROM MASONRY OF CASTLE
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6 List of plans, drawings and other documents accompanying application (continue on separate sheet if necessary)				
No	Description	Reference	Document emailed	Document posted
1.	LOCATION MAP	CARNBANE CASTLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	METHOD STATEMENT	W LAING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>

7 Nature Conservation – Protected Places and Species	
Will the proposed works affect any of the following:	
Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes, please give details below	

8 Other information relevant to application	

9 Declaration	
<input checked="" type="checkbox"/> I hereby apply for scheduled monument consent for the works described in this application and shown on the accompanying plans and drawings.	
<input checked="" type="checkbox"/> I confirm that the information I have given on this form is true and accurate.	
Name	C MACBRAYNE
Date	30/10/15
On behalf of	CHESTHILL ESTATE
Where an application is being dealt with by an agent to whom correspondence should be sent, state the:-	
Name of Agent	C MACBRAYNE
Tel No	0131 332 8989
Address	9/1 LEARMONTH GDNS, EDINBURGH
Post Code	EH4 1HD