

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

Title	MRS	First Name	CATH	Surname	MILLAR
Company / Organisation	BURGHEAD HEADLAND TRUST				
Building No / Name	19				
Street	FOREST ROAD				
Town / City	BURGHEAD				
County / Region	MORAY				
Postcode	IV30 5XL				

2 Monument to which application applies

Index no	<del>MOR 98 289</del> <sup>N2205</sup>	Name	BURGHEAD FORT
Local Authority	MORAY	Grid Ref	NJ1069 NJ1169
Description of location of land			

3 Pre-application discussions

Have you undertaken pre-application discussions with Historic Environment Scotland? (If yes, please give details below)	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Met with Oliver Lewis 7.12.2015	

4 Summary of proposed works (max 20 words)

INSTALLATION OF HISTORIC FISHING VESSEL
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5 Description of proposed works

See accompanying statement.
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12 JAN 2016

# Historic Environment Scotland Àrainneachd Eachdraidheil Alba

## e-Application for Scheduled Monument Consent

6 List of plans, drawings and other documents accompanying application (continue on separate sheet if necessary)				
No	Description	Reference	Document emailed	Document posted
1.	Scheduling document		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Description of proposed works		<input type="checkbox"/>	<input type="checkbox"/>
3.	Photograph of headland		<input type="checkbox"/>	<input type="checkbox"/>
4.	Certificate of ownership		<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	Date 10.1.2016
On behalf of BURGHEAD HEADLAND TRUST	
Where an application is being dealt with by an agent to whom correspondence should be sent, state the:-	
Name of Agent	Tel No
Address	
	Post Code