

## 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 ([scheduledmonumentconsent@hes.scot](mailto:scheduledmonumentconsent@hes.scot)) 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>	Dr	<b>First Name</b>	Hilary	<b>Surname</b>	Murray
<b>Company / Organisation</b>	Murray Archaeological Services Ltd				
<b>Building No / Name</b>	Hill of Belnagoak				
<b>Street</b>	Methlick				
<b>Town / City</b>	Ellon				
<b>County / Region</b>	Aberdeenshire				
<b>Postcode</b>	AB41 7JN				

### 2 Monument to which application applies

<b>Index no</b>	SM7333	<b>Name</b>	Ellon Castle Garden
<b>Local Authority</b>	Aberdeenshire	<b>Grid Ref</b>	NJ 95980 30743
<b>Description of location of land</b>			

### 3 Pre-application discussions

<b>Have you undertaken pre-application discussions with Historic Environment Scotland? (If yes, please give details below)</b>	Y x <input type="checkbox"/>	N <input type="checkbox"/>
Telephone discussion with Oliver Lewis 19/09/2016		

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

7 x archaeological test pits to assess geophysical anomalies which may relate to earlier garden layout.
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### 5 Description of proposed works

See Written Scheme of Investigation
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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.	Plan in Written Scheme of Investigation		x <input type="checkbox"/>	<input type="checkbox"/>
2.			<input 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"/>	x <input type="checkbox"/> Site of Special Scientific Interest
<input type="checkbox"/>	x <input type="checkbox"/> Special Protection Areas
<input type="checkbox"/>	x <input type="checkbox"/> Special Areas of Conservation
<input type="checkbox"/>	x <input type="checkbox"/> European Protected Species
If Yes, please give details below	

8 Other information relevant to application	

9 Declaration	
x <input type="checkbox"/> I hereby apply for scheduled monument consent for the works described in this application and shown on the accompanying plans and drawings.	
x <input type="checkbox"/> I confirm that the information I have given on this form is true and accurate.	
<b>Name</b>	Hilary Murray
<b>Date</b>	19/09/2016
<b>On behalf of</b>	Murray Archaeological Services Ltd
Where an application is being dealt with by an agent to whom correspondence should be sent, state the:-	
<b>Name of Agent</b>	
<b>Tel No</b>	
<b>Address</b>	
<b>Post Code</b>	