

• EDINBURGH •

THE CITY OF EDINBURGH COUNCIL

Business Centre C.2 Waverley Court 4 West Market Street Edinburgh EH8 8EG Tel: 0131 629 3650 Email: enquiries@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 100722501-001

The online reference is the unique reference for your online forms 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.

Site Address Details

Planning Authority:

Full postal address of the site (including postcode where available).

Address 1:

Address 2:

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

Post Code:

Please identify/describe the location of the site or sites.

Northing:

Easting:

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 Agent

Applicant Details

Please enter Applicant details

Title:	<input type="text" value="Mr"/>	You must enter a Building Name or Number, or both *	
Other Title:	<input type="text"/>	Building Name:	<input type="text" value="St Ninians Terrace"/>
First Name: *	<input type="text" value="michael"/>	Building Number:	<input type="text" value="7"/>
Last Name: *	<input type="text" value="wafara"/>	Address 1 (Street): *	<input type="text" value="7 St Ninians Terrace"/>
Company/Organisation:	<input type="text" value="AZZURIA Limited"/>	Address 2:	<input type="text"/>
Telephone Number: *	<input type="text"/>	Town/City: *	<input type="text" value="Edinburgh"/>
Extension Number:	<input type="text"/>	Country: *	<input type="text" value="United Kingdom"/>
Mobile Number:	<input type="text"/>	Postcode: *	<input type="text" value="EH10 5BE"/>
Fax Number:	<input type="text"/>		
Email Address: *	<input type="text"/>		

Case Number Details

Please provide the case number from the planning authority for the original application(s).

Please provide the case number provided by your Planning Authority: *

Document Details

Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters)

Application for change in use from offices (class 4) to Fitness and wellbeing studio (class 1). Maximum opening hours of this appointment only studio are Mon-Fri 0730-1900, Sat 0900-1700, Sun closed. Occupancy limited to maximum 12 persons at any one time. Noise will be limited to portable light equipment and background music i.e. below permitted residential limits conforming with NR2b.

Checklist – Post Submission Additional Documentation

Please complete the following checklist to make sure you have provided all the necessary information in support of your application.

The additional documents have been attached to this submission. Yes No

Declare – Post Submission Additional Documentation

(We the applicant/agent certify that this is a submission of Additional Documentation, and that all the information given in this submission is true to the best of our knowledge.)

Declaration Name:

Declaration Date: 10/8/2025