



Business Centre G.2 Waverley Court 4 East Market Street Edinburgh EH8 8BG Tel: 0131 529 3550 Email: [planning@edinburgh.gov.uk](mailto:planning@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 100712665-001

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.

## Site Address Details

Planning Authority:

City of Edinburgh Council

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

Address 1:

9B WARDIE ROAD

Address 2:

TRINITY

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

EDINBURGH

Post Code:

EH5 3QE

Please identify/describe the location of the site or sites

Northing

676114

Easting

324412

## 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

## Agent Details

Please enter Agent details

|                                                                                                       |                             |                                                      |                 |
|-------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------|-----------------|
| Company/Organisation:                                                                                 | ARM Architects LLP          |                                                      |                 |
| Ref. Number:                                                                                          |                             | You must enter a Building Name or Number, or both: * |                 |
| First Name: *                                                                                         | Douglas                     | Building Name:                                       |                 |
| Last Name: *                                                                                          | McKirdy                     | Building Number:                                     | 2a              |
| Telephone Number: *                                                                                   | 0141 243 2455               | Address 1 (Street): *                                | Berkeley Street |
| Extension Number:                                                                                     |                             | Address 2:                                           |                 |
| Mobile Number:                                                                                        |                             | Town/City: *                                         | Glasgow         |
| Fax Number:                                                                                           |                             | Country: *                                           | Scotland        |
|                                                                                                       |                             | Postcode: *                                          | G3 7DW          |
| Email Address: *                                                                                      | douglas@armarchitects.co.uk |                                                      |                 |
| Is the applicant an individual or an organisation/corporate entity? *                                 |                             |                                                      |                 |
| <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Organisation/Corporate entity |                             |                                                      |                 |

## Applicant Details

Please enter Applicant details

|                      |                                 |                                                      |                            |
|----------------------|---------------------------------|------------------------------------------------------|----------------------------|
| Title:               | Other                           | You must enter a Building Name or Number, or both: * |                            |
| Other Title:         |                                 | Building Name:                                       | c/o Cairn Trust Management |
| First Name: *        |                                 | Building Number:                                     |                            |
| Last Name: *         |                                 | Address 1 (Street): *                                | 113                        |
| Company/Organisation | Leo Zheng Personal Injury Trust | Address 2:                                           | West Regent Street         |
| Telephone Number: *  |                                 | Town/City: *                                         | Glasgow                    |
| Extension Number:    |                                 | Country: *                                           | United Kingdom             |
| Mobile Number:       |                                 | Postcode: *                                          | G2 2RU                     |
| Fax Number:          |                                 |                                                      |                            |
| Email Address: *     |                                 |                                                      |                            |

## Type of Application

This application is to ascertain whether one or both of the following would be lawful: \*

- ☐ Proposed use of buildings or other land.
- ☒ Proposed operations to be carried out in, on, over or under land (building operation or development).

Please describe in detail the use or development/operations for which you are seeking the certificate: \* (Max 500 characters)

The project comprises the internal and external alterations to an existing detached single storey house to adapt it to suit a disabled client

## Description of Proposed Use of Buildings or Other Land and/or Proposed Operations

Existing Use Class

Please state the existing Use Class as described in the Town and Country Planning (Use Classes) (Scotland) Order 1997. Where building or land is vacant, state last known use: \*

Class 9 Houses

## Pre-Application Discussion

Have you discussed your proposal with the planning authority? \*

☐ Yes ☒ No

## Any other Particulars or Supplementary Information

Please provide any other particulars or information here which you consider may be relevant: \* (Max 500 characters)

Seeking confirmation that Certificate of Lawfulness is required for the client's Trust records.

## List of Documents, Drawings or Plans which accompany this Application

Please provide a full list of documentation, drawings or plans which accompany this application which you are submitting as supporting information and evidence: \* (Max 500 characters)

AS existing and as proposed plans and elevations included

## Interest in Land

Please state the applicant's interest in the land: \*

☒ Owner ☐ Lessee ☐ Tenant ☐ Occupier ☐ Other

## Planning Service Employee/Elected Member Interest

Is the applicant, or the applicant's spouse/partner, either a member of staff within the planning service or an elected member of the planning authority? \*

☐ Yes ☒ No

## Checklist – Application for a Certificate of Lawfulness for a Proposed Use or Development

The provision of sufficient proof in a Certificate of Lawfulness is firmly with the applicant and therefore sufficient and precise information should be provided.

Please complete the following checklist to make sure you have provided all the necessary information in support of your application. Failure to submit all this information may result in your application being deemed invalid. The Planning Authority will not start processing your application until it is valid.

A copy of a plan, showing the boundary of the site. The plan should identify the land to which the application relates and should be drawn to an identified scale. Where such an application specifies two or more uses, operations or other matters, the plan which accompanies the application is to indicate to which part of the land each such use, operation or other matter relates. \* ☒ Yes ☐ No

All the evidence provided in support of your application, as detailed in your answers. \* ☒ Yes ☐ No

A statement setting out the applicant's interest in the land, the name and address of any other person known to the applicant to have an interest in the land and whether any such other person has been notified of the application. \* ☒ Yes ☐ No

You must submit a fee with your application. Your application will not be able to be validated until the appropriate fee has been received by the planning authority.

## Declare – Certificate of Lawfulness – Proposed Use or Development

I, the applicant/agent certify that this is an application for a certificate of Lawfulness as described in this form and the accompanying plans/drawings and additional information.

Declaration Name: Mr Douglas McKirdy

Declaration Date: 21/05/2025

### WARNING

Section 153 of the 1997 Act provides that it is an offence to knowingly or recklessly provide false or misleading information or to withhold material information with intent to deceive.

Section 152(7) enables the planning authority to revoke, at any time, a certificate they may have issued as a result of such false or misleading information or if material information has been withheld.

## Fee Exemption Reason

Access for disabled persons