



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 100716549-002

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.

## Description of Proposed Works to Listed Building

Are the proposals to alter, extend or demolish the listed building(s)? \*

☒ Yes ☐ No

If Yes, please provide further details: \* (Max 500 characters)

Proposed internal alterations to the existing office (Class 1A) to facilitate its use as a dental practice (professional services – Class 1A). Works will include general cosmetic improvements, flooring upgrades, installation of dental equipment such as a dental chair and cabinetry, and the addition of services including air conditioning and mechanical ventilation.

Has the work already been started and/or completed? \*

☒ No ☐ Yes – Started ☐ Yes - Completed

Please Note: it can be a criminal offence to undertake works that require listed building consent in advance of obtaining consent.

## 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:                                                                                 | NA                     |                                                      |                            |
| Ref. Number:                                                                                          |                        | You must enter a Building Name or Number, or both: * |                            |
| First Name: *                                                                                         | Bill                   | Building Name:                                       |                            |
| Last Name: *                                                                                          | Chan                   | Building Number:                                     | 2                          |
| Telephone Number: *                                                                                   | 07720972444            | Address 1 (Street): *                                | Flat 10 Drybrough Crescent |
| Extension Number:                                                                                     |                        | Address 2:                                           |                            |
| Mobile Number:                                                                                        |                        | Town/City: *                                         | Edinburgh                  |
| Fax Number:                                                                                           |                        | Country: *                                           | Scotland                   |
|                                                                                                       |                        | Postcode: *                                          | EH16 4FB                   |
| Email Address: *                                                                                      | billchan@hotmail.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:               |                   | You must enter a Building Name or Number, or both: * |                   |
| Other Title:         |                   | Building Name:                                       |                   |
| First Name: *        |                   | Building Number:                                     | 50                |
| Last Name: *         |                   | Address 1 (Street): *                                | GF Queen Street   |
| Company/Organisation | Arheus Dental ltd | Address 2:                                           | New Town          |
| Telephone Number: *  |                   | Town/City: *                                         | Edinburgh         |
| Extension Number:    |                   | Country: *                                           | City of Edinburgh |
| Mobile Number:       |                   | Postcode: *                                          | EH2 3NS           |
| Fax Number:          |                   |                                                      |                   |
| Email Address: *     |                   |                                                      |                   |

## Site Address Details

Planning Authority:

City of Edinburgh Council

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

Address 1:

GF

Address 2:

50 QUEEN STREET

Address 3:

NEW TOWN

Address 4:

Address 5:

Town/City/Settlement:

EDINBURGH

Post Code:

EH2 3NS

Please identify/describe the location of the site or sites

Northing

674083

Easting

324993

## Existing and Proposed Uses

Please describe the current use: \* (Max 500 characters)

Office

Please describe the proposed use: \* (Max 500 characters)

Dental Practice

## Pre-Application Discussion

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

☐ Yes ☒ No

## Listed Building Category

Please state the category of listing (if known) of the building in the list of Buildings of Special Architectural or Historic interest: \*

- ☒ Category A  
☐ Category B  
☐ Category C  
☐ A (Group)  
☐ B (Group)  
☐ Ecclesiastical Category A  
☐ Ecclesiastical Category B  
☐ Ecclesiastical Category C  
☐ Don't Know

## Demolition of Listed Building

Does the proposal involve demolition of a listed building or a building within the curtilage of a listed building? \*

- ☐ Total or substantial demolition of the listed building  
☐ Total or substantial demolition of a building within the curtilage of the listed building  
☒ Other (partial demolition or alterations)

## Listed Building Alterations

Do the proposed works include alterations and/or extension to a listed building? \*

☒ Yes ☐ No

(This may be in addition to any demolition works specified previously)

Does the proposal include:

Works to the exterior of the building? This would include works to any structure or object fixed to the building ☒ Yes ☐ No  
Or to any other buildings within its curtilage: \*

Works to the interior of the building? This should include any stripping out of any internal features eg. Wall, Ceiling, plasterwork, joinery, panelling, fireplaces, chimney pieces, staircases, ironmongery, doors, flooring, Floor finishes/floorboards, tiling, stencilled decoration, fixed furniture and fittings, including machinery: \* ☒ Yes ☐ No

Please state the number of attachments you will be including with this proposal, this may include plans, drawings and photographs sufficient to identify the location, extent and character of the items to be altered, extended or removed, and the proposal for their replacement, including any new means of structural support and detailed specification of proposed finishing materials.

Number of plans, drawings and photographs in total? \*

4

## Proposal Relating to Listed Building

Are there any current applications or existing consents or permissions for this site? \*

☐ Yes ☒ No

## 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

## Certificates and Notices

Certificate and Notice

The Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997

The Town and Country Planning (Listed Building and Buildings in Conservation Areas) (Scotland) Regulations 1987

One Certificate must be completed and submitted along with this form; either Certificate A, Certificate B or Certificate C.

Are you the sole owner of ALL the land/building relevant to this proposal? \*

☒ Yes ☐ No

## Certificate Required

The following Land Ownership Certificate is required to complete this section of the proposal:

Certificate A

## Land Ownership Certificate

Certificate and Notice

The Planning (Listed Buildings and Conservation Areas) (Scotland) act 1997

The Town and Country Planning (Listed Buildings and Buildings in Conservation Areas) (Scotland) Regulations 1987

Certificate A

I hereby certify that – (See the help section for notes)

(1) - No person other than myself/the applicant was an owner [Note 1] of any part of the land to which the application relates at the beginning of the period of 21 days ending with the date of the accompanying appeal.

Signed: Bill Chan

Date: 03/07/2025 09:17:29

☒ Please tick here to certify this Certificate. \*

## Checklist – Application for Listed Building Consent

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

A Location plan which identifies the land to which the application relates drawn to an identified scale  
And showing the direction of north. \*

☒ Yes ☐ No

A copy of other detailed plans, drawings, photographs (with annotations to describe the details of  
Materials and workmanship) as necessary to describe your proposals. \*

☒ Yes ☐ No

Elevations. \*

☐ Yes ☒ No

Floor Plans. \*

☒ Yes ☐ No

Roof Plan. \*

☐ Yes ☒ No

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Does your plan include:                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |
| Sections. *                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Perspectives of Photomontages. *                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Block Plan. *                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Special Detailed Drawing. *                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Detailed specification of finishes. *                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Current or old photographs. *                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| What other information are you submitting in support of your application? *                                                                                                                                                                                                                                                                                                                                                   |                                                                     |
| <input checked="" type="checkbox"/> Design Statement.<br><input type="checkbox"/> Supporting Statement.<br><input type="checkbox"/> Condition Survey Report.<br><input type="checkbox"/> Feasibility Study.<br><input type="checkbox"/> Development Appraisal.<br><input type="checkbox"/> Environmental Impact Statement.<br><input type="checkbox"/> Conservation Survey/Statement/Plan.<br><input type="checkbox"/> Other. |                                                                     |
| <h2>Declare – Listed Building Consent</h2> <p>I, the applicant/agent certify that this is an application for listed building consent as described in this form the accompanying plan/drawings and additional information.</p> <p>Declaration Name: Mr Bill Chan</p> <p>Declaration Date: 17/06/2025</p>                                                                                                                       |                                                                     |