



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 100715948-002

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

Are the proposals to vary or discharge conditions attached to a previous grant of listed building consents(s):\* ☐ Yes ☒ No

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:                                                                                 | Aimee Smith Design           |                                                      |                     |
| Ref. Number:                                                                                          |                              | You must enter a Building Name or Number, or both: * |                     |
| First Name: *                                                                                         | Aimee                        | Building Name:                                       |                     |
| Last Name: *                                                                                          | Smith                        | Building Number:                                     | 113                 |
| Telephone Number: *                                                                                   | +447793140811                | Address 1 (Street): *                                | 113 Lochbridge Road |
| Extension Number:                                                                                     |                              | Address 2:                                           | EH39 4DR            |
| Mobile Number:                                                                                        |                              | Town/City: *                                         | North Berwick       |
| Fax Number:                                                                                           |                              | Country: *                                           | United Kingdom      |
|                                                                                                       |                              | Postcode: *                                          | EH39 4DR            |
| Email Address: *                                                                                      | aimeesmithdesign55@gmail.com |                                                      |                     |
| Is the applicant an individual or an organisation/corporate entity? *                                 |                              |                                                      |                     |
| <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Organisation/Corporate entity |                              |                                                      |                     |

## Applicant Details

Please enter Applicant details

|                      |         |                                                      |                |
|----------------------|---------|------------------------------------------------------|----------------|
| Title:               | Mr      | You must enter a Building Name or Number, or both: * |                |
| Other Title:         |         | Building Name:                                       | 25A            |
| First Name: *        | William | Building Number:                                     |                |
| Last Name: *         | Gordon  | Address 1 (Street): *                                | Ainslie Place  |
| Company/Organisation |         | Address 2:                                           |                |
| Telephone Number: *  |         | Town/City: *                                         | Edinburgh      |
| Extension Number:    |         | Country: *                                           | United Kingdom |
| Mobile Number:       |         | Postcode: *                                          | EH3 6AJ        |
| 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:

25A AINSLIE PLACE

Address 2:

NEW TOWN

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

EDINBURGH

Post Code:

EH3 6AJ

Please identify/describe the location of the site or sites

Northing

674062

Easting

324586

## Existing and Proposed Uses

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

Rear domestic garden

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

Rear domestic garden

## 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)

## Proposal Relating to Listed Building

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

☒ Yes ☐ No

## Proposals Relating to Listed Building

Please describe the application and include the planning application reference number(s), if known: (Max 500 characters)

Certificate of Lawfulness - for changes to the garden as detailed in this application

Reference Number

100715948-001

Are you submitting an application for Planning Permission, Conservation Area Consent or other consent at the same time as this application? \*

☒ Yes ☐ No

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

Certificate of Lawfulness - for changes to the garden as detailed in this application - 100715948-001

## 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: Aimee Smith

Date: 02/07/2025 14:42:08

☒ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Detailed specification of finishes. *                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Design Statement.<br><input checked="" 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: Ms Aimee Smith</p> <p>Declaration Date: 03/07/2025</p>                                                                                                                     |                                                                     |