THE CITY OF EDINBURGH COUNCIL

Business Centre G.2 Waverley Court 4 East Market Street Edinburgh EH8 8BG Tel: 0131 529 3550 Email: 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 100719238-001

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.

Description of Proposed Advertisement(s)

Please describe the proposal: (You must select at least one) *

☒ Fascia sign ☐ Box sign ☐ Canopy ☒ Projecting sign

☐ Hoarding ☐ Flag ☐ Advance sign ☐ Other

How many advertisement signs are you seeking consent for? * 3

Will the advertisement(s) be illuminated or non-illuminated? * Both

Please describe the type and colour of illumination to match the details on your plans. (e.g. by external white floodlights, internal blue lighting etc): * (Max 500 characters)

Back lit projecting sign with white light

Please describe the dimensions of the advert, materials used for its construction and the methods to be used for fixing it to the building: * (Max 500 characters)

Wrap-around sign comprising 2 panels: 57350x1080mm red ACM folded tray sign with routed back-lit LED rear panel, 5mm push-through lettering (Frederick Street Dental Care, Oral Surgery Referral Centre) and vinyl lettering. 1350x1080mm red ACM folded tray sign with routed back-lit LED rear panel, 5mm push-through lettering (Frederick Street Dental Care, Oral Surgery Referral Centre) and vinyl lettering. 600x500mm x2, replacement protruding sign panels, 5mm push-through backlit.

Will any of the proposed advertisement(s) project over a footway or public road? * ☒ Yes ☐ No

Is this a renewal of a previous consent: * ☐ Yes ☒ No ☐ Dont Know

Site Address Details

Planning Authority:	City of Edinburgh Council

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

Address 1:	57 FREDERICK STREET
Address 2:	NEW TOWN
Address 3:	
Address 4:	
Address 5:	
Town/City/Settlement:	EDINBURGH
Post Code:	EH2 1LH

Please identify/describe the location of the site or sites

Northing	674103	Easting	325126

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:	David Bell Architect		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	David	Building Name:	
Last Name: *	Bell	Building Number:	1
Telephone Number: *	07767880488	Address 1 (Street): *	John's Place
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Edinburgh
Fax Number:		Country: *	Scotland
		Postcode: *	EH4 2WL
Email Address: *	david.bell3550@gmail.com		

Is the applicant an individual or an organisation/corporate entity? *

☐ Individual ☒ 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:	
First Name: *	S	Building Number:	57
Last Name: *	Arshad	Address 1 (Street): *	Frederick Street
Company/Organisation	Frederick Street Dental Care	Address 2:	
Telephone Number: *	[redacted]	Town/City: *	Edinburgh
Extension Number:		Country: *	Scotland
Mobile Number:		Postcode: *	EH2 1LH
Fax Number:			
Email Address: *	[redacted]		

Advertisement(s) Period

Please state the period of time for which consent is sought for the advertisement: *

☒ 5 Years ☐ More or less than 5 years

Pre-Application Discussion

Have you discussed your proposal with the planning authority? * ☐ Yes ☒ No

Interest in the Land

Does the applicant own the land or buildings concerned? * ☒ 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

Checklist – Application for Consent to Display an Advertisement

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 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 plans and drawings or information necessary to describe the proposals. *
(two must be selected)

☒ Site Plan or block plan identifying where advert will be displayed.

☒ Detailed Elevations.

☒ Drawings of signs (including details of illumination).

☐ Cross sections of signs showing relationship to building.

☒ Photomontage.

Owners consent: ☒ 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 – Advertisement Consent

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

Declaration Name: Mr David Bell

Declaration Date: 10/07/2025

Fee Exemption Reason

I have arranged to pay my fee directly to my Authority