



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 100733555-001

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: 3 BLACKBARONY ROAD

Address 2: MAYFIELD

Address 3:

Address 4:

Address 5:

Town/City/Settlement: EDINBURGH

Post Code: EH16 5QP

Please identify/describe the location of the site or sites

[Empty text box for site location description]

Northing 670539

Easting 327068

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:	Kyla Martin Architectural Service		
Ref. Number:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
First Name: *	Kyla	Building Name:	<input type="text"/>
Last Name: *	Martin	Building Number:	97
Telephone Number: *	0131 629 0060	Address 1 (Street): *	Newington Road
Extension Number:	<input type="text"/>	Address 2:	<input type="text"/>
Mobile Number:	<input type="text"/>	Town/City: *	Edinburgh
Fax Number:	<input type="text"/>	Country: *	Scotland
		Postcode: *	EH9 1QW
Email Address: *	admin@kylamartinarchitecturalservices.co.uk		

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

Individual Organisation/Corporate entity

Applicant Details

Please enter Applicant details

Title:	Mrs	You must enter a Building Name or Number, or both: *	
Other Title:	<input type="text"/>	Building Name:	<input type="text"/>
First Name: *	Anne	Building Number:	3
Last Name: *	Ruckley	Address 1 (Street): *	Blackbarony Road
Company/Organisation	<input type="text"/>	Address 2:	<input type="text"/>
Telephone Number: *	<input type="text"/>	Town/City: *	Edinburgh
Extension Number:	<input type="text"/>	Country: *	Scotland
Mobile Number:	<input type="text"/>	Postcode: *	EH16 5QP
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: *

25/05294/CLP

Document Details

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

Existing and proposed roof plans

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

I/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 my/the applicants knowledge.

Declaration Name: Miss Kyla Martin

Declaration Date: 19/11/2025