



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 100731797-001

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 Proposal

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

Alterations, attic conversion, installation of velux roof light, formation of dormer to rear, form new doors to rear, form new raised deck to rear and associated stair to garden and all associated works

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

☒ No ☐ Yes - Started ☐ Yes – Completed

## 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:                                                                                 | Architectural Building & design Consultants ltd |                                                      |               |
| Ref. Number:                                                                                          |                                                 | You must enter a Building Name or Number, or both: * |               |
| First Name: *                                                                                         | Fraser                                          | Building Name:                                       |               |
| Last Name: *                                                                                          | Sheerin                                         | Building Number:                                     | 18a           |
| Telephone Number: *                                                                                   | 0131 510 8555                                   | Address 1 (Street): *                                | Rothsay place |
| Extension Number:                                                                                     |                                                 | Address 2:                                           |               |
| Mobile Number:                                                                                        |                                                 | Town/City: *                                         | Edinburgh     |
| Fax Number:                                                                                           |                                                 | Country: *                                           | Scotland      |
|                                                                                                       |                                                 | Postcode: *                                          | EH3 7SQ       |
| Email Address: *                                                                                      | fraser@abcarchitecture.co.uk                    |                                                      |               |
| 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:               | Ms      | You must enter a Building Name or Number, or both: * |                         |
| Other Title:         |         | Building Name:                                       |                         |
| First Name: *        | Susan   | Building Number:                                     | 16                      |
| Last Name: *         | Menzies | Address 1 (Street): *                                | Comiston Springs Avenue |
| Company/Organisation |         | Address 2:                                           |                         |
| Telephone Number: *  |         | Town/City: *                                         | Edinburgh               |
| Extension Number:    |         | Country: *                                           | Scotland                |
| Mobile Number:       |         | Postcode: *                                          | EH10 6LY                |
| 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:

16 COMISTON SPRINGS AVENUE

Address 2:

PENTLAND

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

EDINBURGH

Post Code:

EH10 6LY

Please identify/describe the location of the site or sites

Northing

669273

Easting

324145

## Pre-Application Discussion

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

☐ Yes ☒ No

## Trees

Are there any trees on or adjacent to the application site? \*

☐ Yes ☒ No

If yes, please mark on your drawings any trees, known protected trees and their canopy spread close to the proposal site and indicate if any are to be cut back or felled.

## Access and Parking

Are you proposing a new or altered vehicle access to or from a public road? \*

☐ Yes ☒ No

If yes, please describe and show on your drawings the position of any existing, altered or new access points, highlighting the changes you proposed to make. You should also show existing footpaths and note if there will be any impact on these.

## 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 UNDER REGULATION 15 – TOWN AND COUNTRY PLANNING (DEVELOPMENT MANAGEMENT PROCEDURE) (SCOTLAND) REGULATION 2013

One Certificate must be completed and submitted along with the application form. This is most usually Certificate A, Form 1, Certificate B, Certificate C or Certificate E.

Are you/the applicant the sole owner of ALL the land? \*

☒ Yes ☐ No

Is any of the land part of an agricultural holding? \*

☐ 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 under Regulation 15 of the Town and Country Planning (Development Management Procedure) (Scotland) Regulations 2013

Certificate A

I hereby certify that –

(1) - No person other than myself/the applicant was an owner (Any person who, in respect of any part of the land, is the owner or is the lessee under a lease thereof of which not less than 7 years remain unexpired.) 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 application.

(2) - None of the land to which the application relates constitutes or forms part of an agricultural holding

Signed: Fraser Sheerin

On behalf of: Ms Susan Menzies

Date: 04/11/2025

☒ Please tick here to certify this Certificate. \*

## Checklist – Application for Householder Application

Please take a few moments to complete the following checklist in order to ensure that you have provided all the necessary information in support of your application. Failure to submit sufficient information with your application may result in your application being deemed invalid. The planning authority will not start processing your application until it is valid.

- a) Have you provided a written description of the development to which it relates? \* ☒ Yes ☐ No
- b) Have you provided the postal address of the land to which the development relates, or if the land in question has no postal address, a description of the location of the land? \* ☒ Yes ☐ No
- c) Have you provided the name and address of the applicant and, where an agent is acting on behalf of the applicant, the name and address of that agent? \* ☒ Yes ☐ No
- d) Have you provided a location plan sufficient to identify the land to which it relates showing the situation of the land in relation to the locality and in particular in relation to neighbouring land? \*. This should have a north point and be drawn to an identified scale. ☒ Yes ☐ No
- e) Have you provided a certificate of ownership? \* ☒ Yes ☐ No
- f) Have you provided the fee payable under the Fees Regulations? \* ☒ Yes ☐ No
- g) Have you provided any other plans as necessary? \* ☒ Yes ☐ No

Continued on the next page

A copy of the other plans and drawings or information necessary to describe the proposals (two must be selected). \*

You can attach these electronic documents later in the process.

- ☒ Existing and Proposed elevations.
- ☒ Existing and proposed floor plans.
- ☒ Cross sections.
- ☒ Site layout plan/Block plans (including access).
- ☒ Roof plan.
- ☐ Photographs and/or photomontages.

Additional Surveys – for example a tree survey or habitat survey may be needed. In some instances you may need to submit a survey about the structural condition of the existing house or outbuilding. ☐ Yes ☒ No

A Supporting Statement – you may wish to provide additional background information or justification for your Proposal. This can be helpful and you should provide this in a single statement. This can be combined with a Design Statement if required. \* ☐ 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 – For Householder Application

I, the applicant/agent certify that this is an application for planning permission as described in this form and the accompanying Plans/drawings and additional information.

Declaration Name: Mr Fraser Sheerin

Declaration Date: 04/11/2025

**Fee Exemption Reason**

I have arranged to pay my fee directly to my Authority

The client will pay directly. Please provide letter request for payment