



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 100732952-003

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: 24 HADDINGTON PLACE

Address 2: BROUGHTON

Address 3:

Address 4:

Address 5:

Town/City/Settlement: EDINBURGH

Post Code: EH7 4AF

Please identify/describe the location of the site or sites

[Empty text box for site location description]

Northing 674782

Easting 326272

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

Applicant Details

Please enter Applicant details

Title:	<input type="text" value="Ms"/>	Address 1 (Street): *	<input type="text" value="Haddington Place"/>
Other Title:	<input type="text"/>	Address 2:	<input type="text"/>
First Name: *	<input type="text" value="Tara"/>	Town/City: *	<input type="text" value="Edinburgh"/>
Last Name: *	<input type="text" value="McGilvray-Guard"/>	Country: *	<input type="text" value="United Kingdom"/>
Company/Organisation	<input type="text" value="Wheel of Fate"/>	Postcode: *	<input type="text" value="EH7 4AF"/>
Telephone Number: *	<input type="text" value="[REDACTED]"/>		
Extension Number:	<input type="text"/>		
Mobile Number:	<input type="text"/>		
Fax Number:	<input type="text"/>		
Email Address: *	<input type="text" value="[REDACTED]"/>		

You must enter a Building Name or Number, or both: *

Building Name:

Building Number:

Address 1 (Street): *

Address 2:

Town/City: *

Country: *

Postcode: *

Proposal/Application Details

Please provide the details of the original application(s) below:

Was the original application part of this proposal? * Yes No

Application Details

Please select which application(s) the new documentation is related to.

Application: *

Document Details

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

The application was assessed as incomplete on 16.12.2025. The additional documents provide 3 elevation drawings as requested and an amended Design Statement. The Application title should also be changed to 'Proposed Signage, Lettering, Border Detail Mural, and Paint Colour Change to the Shop Front'.

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: Ms Tara McGilvray-Guard

Declaration Date: 05/01/2026