| Scottish Borders COUNCIL |
|---|
| Newtown St Boswells Melrose TD6 0SA Tel: Payments 01835 825251/System Help 01835 826705 Email: corporatebusinesssystems@scotborders.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 100349560-001 |
| 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) |
| Window replacement |
| Has the work already been started and/ or completed? * |
| X 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) |

| Agent Details | | | |
|--|--------------------------|--|------------------------------------|
| Please enter Agent details | | | |
| Company/Organisation: | R Mitchell (Glass) Ltd | | |
| Ref. Number: | | You must enter a B | uilding Name or Number, or both: * |
| First Name: * | Lynn | Building Name: | Mitchell Glass |
| Last Name: * | Munro | Building Number: | |
| Telephone Number: * | 01896 752628 | Address 1 (Street): * | Currie Road |
| Extension Number: | | Address 2: | |
| Mobile Number: | | Town/City: * | Galashiels |
| Fax Number: | | Country: * | Scottish Borders |
| | | Postcode: * | TD1 2BP |
| Email Address: * | lynn@mitchellglass.co.uk | | |
| Is the applicant an individual or an organisation/corporate entity? * Individual Individual Organisation/Corporate entity Applicant Details | | | |
| Please enter Applicant de | | | |
| Title: | | You must enter a Building Name or Number, or both: * | |
| Other Title: | | Building Name: | Mitchell Glass |
| First Name: * | | Building Number: | |
| Last Name: * | | Address 1 (Street): * | Currie Road |
| Company/Organisation | R Mitchell (Glass) Itd | Address 2: | |
| Telephone Number: * | | Town/City: * | Galashiels |
| Extension Number: | | Country: * | United Kingdom |
| Mobile Number: | | Postcode: * | TD12BP |
| Fax Number: | | | |
| Email Address: * | Lynn@mitchellglass.co.uk | | |

| Site Address Details | | | |
|---|---|---------|------------|
| Planning Authority: | Scottish Borders Council | | |
| Full postal address of the | site (including postcode where availabl | le): | |
| Address 1: | BRAESIDE COTTAGE | | |
| Address 2: | EDDLESTON | | |
| Address 3: | | | |
| Address 4: | | | |
| Address 5: | | | |
| Town/City/Settlement: | PEEBLES | | |
| Post Code: | EH45 8QP | | |
| Please identify/describe t | he location of the site or sites | | |
| | | | |
| | | | |
| Northing | 647275 | Easting | 324317 |
| Pre-Applicatio | on Discussion | | |
| | proposal with the planning authority? * | | 🗌 Yes 🗵 No |
| Trees | | | |
| Are there any trees on or | adjacent to the application site? * | | Yes X 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? * | | | |
| 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 Yes X No elected member of the planning authority? * | | | |

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 X No |
|---|------------|
| Is any of the land part of an agricultural holding? * | 🗌 Yes 🛛 No |
| Are you able to identify and give appropriate notice to ALL the other owners? * | 🗙 Yes 🗌 No |

Certificate Required

The following Land Ownership Certificate is required to complete this section of the proposal:

Certificate B

Land Ownership Certificate

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

I hereby certify that

(1) - No person other than myself/the applicant was an owner [Note 4] 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;

or –

(1) - I have/The Applicant has served notice on every person other than myself/the applicant who, at the beginning of the period of 21 days ending with the date of the accompanying application was owner [Note 4] of any part of the land to which the application relates.

| Name: | Mrs L Keiro |
|--------------------|--|
| Address: | Braeside Cottage, Eddleston, Eddleston |
| | |
| | |
| Date of Service of | of Notice: * 11/01/2021 |

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

or –

(2) - The land or part of the land to which the application relates constitutes or forms part of an agricultural holding and I have/the applicant has served notice on every person other than myself/himself who, at the beginning of the period of 21 days ending with the date of the accompanying application was an agricultural tenant. These persons are:

| Name: | | |
|---|---|--|
| Address: | | |
| | | |
| | | |
| L Date of Service of | Notice: * | |
| Signed: | Lynn Munro | |
| On behalf of: | R Mitchell (Glass) Itd | |
| Date: | 11/01/2021 | |
| | Please tick here to certify this Certificate. * | |
| Checklist – Application for Householder Application | | |
| | moments to complete the following checklist in order to ensure that you have provided all the necessary information 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. | | |
| 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 (two must be selected). * | drawings or information necessary to describe the proposals | |
|--|---|---------------------------|
| You can attach these electror | nic documents later in the process. | |
| Existing and Proposed e | levations. | |
| Existing and proposed flo | oor plans. | |
| Cross sections. | | |
| Site layout plan/Block pla | ans (including access). | |
| Roof plan. | | |
| Photographs and/or phot | tomontages. | |
| | nple a tree survey or habitat survey may be needed. In some instances you about the structural condition of the existing house or outbuilding. | Yes No |
| | u may wish to provide additional background information or justification for your and you should provide this in a single statement. This can be combined with a * | 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 H | ouseholder 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: | Miss Lynn Munro | |
| Declaration Date: | 12/01/2021 | |
| Payment Details | 6 | |
| Online payment: XM0100004 Payment date: 12/01/2021 11 | 1:53:00 | Created: 12/01/2021 11:53 |