

Marischal College Planning & Sustainable Development Business Hub 4, Ground Floor North Broad Street Aberdeen AB10 1AB Tel: 01224 523 470 Fax: 01224 636 181 Email: pi@aberdeencity.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

100395569-006

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 Advertis	sement(s)			
Please describe the proposal: (You must select at least one) *	•			
☐ Fascia sign ☐ Box sign ☐ Canopy [Projecting sign			
☐ Hoarding ☐ Flag ☐ Advance sign ☐	X Other			
If Other, please provide further details: * (Max 500 characters))			
Proposed window blinds with compnay logo				
How many advertisement signs are you seeking consent for?	*	11		
Will the advertisement(s) be illuminated or non-illuminated? *		non-illuminated		
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)				
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)				
White coloured roller blinds with ornage company logo circa 600mm wide by 240mm high				
Will any of the proposed advertisement(s) project over a footway or public road? * ☐ Yes ☒ No				
Is this a renewal of a previous consent: *			s 🗵 No 🗌 Dont Know	

Site Address Details			
Planning Authority:	Aberdeen City Council		
Full postal address of th	e site (including postcode where available):		
Address 1:			
Address 2:			
Address 3:			
Address 4:			
Address 5:			
Town/City/Settlement:			
Post Code:			
Please identify/describe the location of the site or sites			
Langstane House 6 Dee Street, Aberdeen, AB11 6DR			
Northing	Easting		
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 detail	s			
Company/Organisation:	Space Solutions			
Ref. Number:		You must enter a Building Name or Number, or both: *		
First Name: *	Michael	Building Name:	Bishop House	
Last Name: *	Gerrie	Building Number:	50	
Telephone Number: *	01224 218 500	Address 1 (Street): *	Carden Place	
Extension Number:		Address 2:		
Mobile Number:		Town/City: *	Aberdeen	
Fax Number:		Country: *	Scotland	
		Postcode: *	AB10 1UP	
Email Address: *	michael.gerrie@spacesolutions.co.uk			
Is the applicant an individual or an organisation/corporate entity? * Individual Organisation/Corporate entity				
Applicant Det	ails			
Please enter Applicant de	etails	1		
Title:	You must enter a Building Name or Number, or both: *			
Other Title:		Building Name:		
First Name: *		Building Number:	1	
Last Name: *		Address 1 (Street): *	Alford Place	
Company/Organisation	Mental Health Aberdeen	Address 2:		
Telephone Number: *		Town/City: *	Aberdeen	
Extension Number:		Country: *	Scotland	
Mobile Number:		Postcode: *	AB10 1YD	
Fax Number:				
Email Address: *				

Advertisement(s) Period					
Please state the period of time for	or which consent is sou	ght for the advertisement	; *		
5 Years More or less that	an 5 years				
If more or less than 5 Years, plea	If more or less than 5 Years, please state number of years: *				
Pre-Application D	Pre-Application Discussion				
Have you discussed your proposal with the planning authority? *				⊠ Yes □ No	
Pre-Application D	iscussion D	etails Cont.			
In what format was the feedback given? * Meeting Telephone Letter Email Please provide a description of the feedback you were given and the name of the officer who provided this feedback. If a processing agreement [note 1] is currently in place or if you are currently discussing a processing agreement with the planning authority, please provide details of this. (This will help the authority to deal with this application more efficiently.) * (max 500 characters) Consent required due to height above street level					
Title:	Mr	Other title	e:		
First Name:	Gavin	Last Nam	ne:	Evans	
Correspondence Reference Number:		Date (dd/	(mm/yyyy):	04/05/2021	
Note 1. A Processing agreement involves setting out the key stages involved in determining a planning application, identifying what information is required and from whom and setting timescales for the delivery of various stages of the process. Interest in the Land					
Does the applicant own the land or buildings concerned? *					
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? *					

Checklist – Application for Consent to Display an Advertisement				
	mation may result in your application being deemed	necessary information in support of your application. d invalid. The planning authority will not start		
A Location plan which identification light dentified scale and showing to	es the land to which the application relates drawn to the direction of north. *	o an 🗵 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 ic	lentifying 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: X Yes	□ No			
You must submit a fee with yo by the planning authority.	our application. Your application will not be able to b	be validated until the appropriate fee has been received		
Declare – Adver	tisement Consent			
I, the applicant/agent certify the drawings and additional information of the control of the control of the certification of the certif		as described in this form, the accompanying plans,		
Declaration Name:	eclaration Name: Mr Michael Gerrie			
Declaration Date:	eclaration Date: 28/05/2021			