

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 100468391-003

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: | Aberdeen City Council | | | | |
| Full postal address of the 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 | | | | | |
| | | | | | |
| | | | | | |
| Northing | 806165 | Easting | 394178 | | |
| | | | | | |
| 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 Applicant | | | | | |

| Agent Details | | | | | | |
|--|-----------------------|--|-----------------|--|--|--|
| Please enter Agent details | | | | | | |
| Company/Organisation: | Halliday Fraser Munro | | | | | |
| Ref. Number: | | You must enter a Building Name or Number, or both: * | | | | |
| First Name: * | Halliday Fraser Munro | Building Name: | | | | |
| Last Name: * | Planning | Building Number: | 8 | | | |
| Telephone Number: * | 01224 388700 | Address 1 (Street): * | Victoria Street | | | |
| Extension Number: | | Address 2: | | | | |
| Mobile Number: | | Town/City: * | Aberdeen | | | |
| Fax Number: | | Country: * | Scotland | | | |
| | | Postcode: * | AB10 1XB | | | |
| Email Address: * | planning@hfm.co.uk | | | | | |
| Is the applicant an individual or an organisation/corporate entity? * Individual Organisation/Corporate entity | | | | | | |
| Applicant Details | | | | | | |
| Please enter Applicant de | etails | 1 | | | | |
| Title: | | You must enter a Building Name or Number, or both: * | | | | |
| Other Title: | | Building Name: | c/o Agent | | | |
| First Name: * | | Building Number: | | | | |
| Last Name: * | | Address 1 (Street): * | c/o Agent | | | |
| Company/Organisation | Aberdeen City Council | Address 2: | | | | |
| Telephone Number: * | | Town/City: * | c/o Agent | | | |
| Extension Number: | | Country: * | c/o Agent | | | |
| Mobile Number: | | Postcode: * | | | | |
| Fax Number: | | | | | | |
| Email Address: * | planning@hfm.co.uk | | | | | |

| Proposa | l/Application Details | | | | |
|---|---|------------|--|--|--|
| Please provide | the details of the original application(s) below: | | | | |
| Was the origina | al application part of this proposal? * | ☒ Yes ☐ No | | | |
| Applicat | ion Details | | | | |
| Please select w | Please select which application(s) the new documentation is related to. | | | | |
| Application: * | 100468391-001, application for Planning Permission, submitted on 22/10/20 | 021 | | | |
| Docume | nt Details | • | | | |
| Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters) | | | | | |
| Updated drav | vings. | | | | |
| 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 Documenta | ation | | | |
| 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 Nar | me: . Halliday Fraser Munro Planning | | | | |
| Declaration Dat | e: 27/10/2021 | | | | |