

Newtown St Boswells Melrose TD6 0SA Tel: Payments/General Enquiries 01835 825586 Email: regadmin@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 100653409-001

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.

your form is validated. Please quote this reference if you need to contact the planning Authority about this application.							
Description of Proposed Advertisement(s)							
Please describe the proposal: (You must select at least one) *							
X Fascia sign	Box sign	Canopy	X Projecting sign				
Hoarding [Flag	Advance sign	X Other				
If Other, please provide	de further details: *	(Max 500 character	rs)				
Other type - ATM. Other type - Window message: Refers to white lettering applied to the internal face of the window with 'A good way to bank.' text. Other type - Safety manifestation: Refers to 50 mm diameter double dotted line in white frosted vinyl internally applied to the window.							
How many advertiser	ment signs are you	seeking consent for	?*	7			
Will the advertisemen	nt(s) be illuminated	or non-illuminated?	*	Both			
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)							
Projecting 500mm signage: Externally illuminated - white LED Modules (250 cd/m2). Blue fascia panel with 290mm logo height sign: logo sign Internally illuminated - white LED Modules (250 cd/m2). ATM: Internally illuminated - white LED Modules (250cd/m2). Window message: not illuminated. Safety manifestation: not illuminated.							
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)							
Projecting Sign: 0.5M_H x 0.5M_W x 0.086M_D with 30cm logo height - see attached drawing for materials & fixing methods. Fascia: 0.675M_H x 6.12M_W x 0.065M_D with 290mm logo height - see attached drawing for materials & fixing methods. ATM surround: 1.530M_H x 0.852M_W x 0.042M_D - Acrylic finished to match blue PMS 282c with aluminium frame finished Matt blue (RAL 5022), Logo face acrylic finished to match red PMS 032c, 'nationwide' to be opal acrylic faces with returns finished white.							
Will any of the proposed advertisement(s) project over a footway or public road? *				X Ye	es 🗌 No		
Is this a renewal of a previous consent: *				☐ Ye	es 🗵 No 🗌 Dont Know	<i>i</i>	

Site Address Details					
Planning Authority:	Scottish Borders Council	Scottish Borders Council			
Full postal address of the	ne site (including postcode where availab	le):			
Address 1:	NATIONWIDE BUILDING SOCIET	Υ			
Address 2:	61 CHANNEL STREET				
Address 3:					
Address 4:					
Address 5:					
Town/City/Settlement:	GALASHIELS				
Post Code:	TD1 1BN				
Please identify/describe	the location of the site or sites				
Northing	636176	Easting	349275		
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 detail	s			
Company/Organisation:	ISG Design Ltd.			
Ref. Number:		You must enter a Building Name or Number, or both: *		
First Name: *	Megan	Building Name:	Aldgate House	
Last Name: *	Koch	Building Number:		
Telephone Number: *	07815028207	Address 1 (Street): *	7th Floor, Aldgate House	
Extension Number:		Address 2:		
Mobile Number:		Town/City: *	London	
Fax Number:		Country: *	United Kingdom	
		Postcode: *	EC3N 1AG	
Email Address: *	megan.koch@isgltd.com			
	ual or an organisation/corporate entity? * unisation/Corporate entity			
Please enter Applicant de				
Title:	Other	You must enter a B	uilding Name or Number, or both: *	
Other Title:		Building Name:	Nationwide House	
First Name: *		Building Number:		
Last Name: *		Address 1 (Street): *	Pipers Way	
Company/Organisation	Nationwide Building Society	Address 2:		
Telephone Number: *		Town/City: *	Swindon	
Extension Number:		Country: *	United Kingdom	
Mobile Number:		Postcode: *	SN3 1TA	
Fax Number:				
Email Address: *	megan.koch@isgltd.com			

Advertisement(s) Period				
Please state the period of tim	ne for which consent is sought for the advertisement: *				
X 5 Years ☐ More or les	s than 5 years				
Pre-Application	Discussion				
Have you discussed your pro	oposal with the planning authority? *	☐ Yes ☒ No			
Interest in the L	and				
Does the applicant own the la	and or buildings concerned? *	☐ Yes ☒ No			
Has the permission of the ow Advertisement been obtained	wher or any other person entitled to give permission for the display of and $rac{1}{2}$ *	⊠ Yes □ No			
Planning Service	ce Employee/Elected Member Interest				
Is the applicant, or the applic	eant's spouse/partner, either a member of staff within the planning service or an ing authority? *	☐ Yes ☒ No			
Checklist – App	olication for Consent to Display an Advertis	ement			
Please complete the following checklist to make sure you have provided all the necessary information in support of your application. Failure to submit all this information may result in your application being deemed invalid. The planning authority will not start processing your application until it is valid.					
A Location plan which identified scale and showing	ies the land to which the application relates drawn to an the direction of north. *	⊠ 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 identifying where advert will be displayed.					
☑ Detailed Elevations.					
☑ Drawings of signs (inclu	ding details of illumination).				
☐ Cross sections of signs	showing relationship to building.				
Photomontage.					
Owners consent: X Yes	□ No				
You must submit a fee with y by the planning authority.	our application. Your application will not be able to be validated until the appropri	ate fee has been received			
Declare – Adve	rtisement Consent				
I, the applicant/agent certify t drawings and additional infor	that this is an application for advertisement consent as described in this form, the mation.	accompanying plans,			
Declaration Name:	Miss ISG Design				
Declaration Date:	29/11/2023				

Payment Details

Online payment: XM0100007678 Payment date: 29/11/2023 15:53:00

Created: 29/11/2023 15:53