

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 100650758-002

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:	ALBA GATE					
Address 2:	STONEYWOOD PARK					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	ABERDEEN					
Post Code:	AB21 7DZ					
Please identify/describe the location of the site or sites						
Northing	811589	Easting	389117	389117		
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) \leq Applicant T Agent						

Agent Details							
Please enter Agent details							
Company/Organisation:	Tinto Architecture						
Ref. Number:		You must enter a Building Name or Number, or both: *					
First Name: *	Stephen	Building Name:	Mill House				
Last Name: *	Martin	Building Number:					
Telephone Number: *	07518224813	Address 1 (Street): *	Bridge of Don				
Extension Number:		Address 2:					
Mobile Number:		Town/City: *	Aberdeen				
Fax Number:		Country: *	Scotland				
		Postcode: *	AB22 8BB				
Email Address: *	stephen.martin@tinto.co.uk						
Is the applicant an individual or an organisation/corporate entity? *							
\leq Individual T Organisation/Corporate entity							
Applicant Details							
Please enter Applicant details							
Title:	Mr	You must enter a Building Name or Number, or both: *					
Other Title:		Building Name:					
First Name: *	Alex	Building Number:	1				
Last Name: *	Ітреу	Address 1 (Street): *	London Road				
Company/Organisation	CoCity	Address 2:	Ipswich				
Telephone Number: *		Town/City: *	Ipswich				
Extension Number:		Country: *	England				
Mobile Number:		Postcode: *	IP1 2HA				
Fax Number:							
Email Address: *							

Proposal/Application Details

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

Was the original application part of this proposal? *

Application Details

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

Application: *

100650758-001, application for Planning Permission, submitted on 13/11/2023

Document Details

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

Additional information requested by the Planning Department

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. *

13/12/2023

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: Mr Stephen Martin

Declaration Date:

T Yes \leq No

T Yes \leq No

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