

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 100653986-003

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.

Description of Proposal

Please describe accurately the work proposed: * (Max 500 characters)

Installation of ASHP

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)

Applicant XAgent

Agent Details					
Please enter Agent details	S				
Company/Organisation:	Richard Amos Ltd				
Ref. Number:		You must enter a Bu	uilding Name or Number, or both: *		
First Name: *	David	Building Name:			
Last Name: *	McKnight	Building Number:	2		
Telephone Number: *	01361 882599	Address 1 (Street): *	Golden Square		
Extension Number:		Address 2:			
Mobile Number:		Town/City: *	Duns		
Fax Number:		Country: *	Scotland		
		Postcode: *	TD11 3AW		
Email Address: *	dm@richardamosltd.co.uk				
Is the applicant an individ	ual or an organisation/corporate entity? *				
X Individual Corgan	nisation/Corporate entity				
Applicant Det	ails				
Please enter Applicant de	tails				
Title:	Mr	You must enter a Building Name or Number, or both: *			
Other Title:		Building Name:	Spital Mains Farmhouse		
First Name: *	А.	Building Number:			
Last Name: *	Thompson	Address 1 (Street): *	Paxton		
Company/Organisation		Address 2:			
Telephone Number: *		Town/City: *	Berwick-upon-Tweed		
Extension Number:		Country: *	United Kingdom		
Mobile Number:		Postcode: *	TD15 1TD		
Fax Number:					
Email Address: *	dm@richardamosltd.co.uk				

Site Address Details							
Planning Authority:	Scottish Borders Council						
Full postal address of the site (including postcode where available):							
Address 1:	SPITAL MAINS FARMHOUSE						
Address 2:	PAXTON						
Address 3:							
Address 4:							
Address 5:							
Town/City/Settlement:	BERWICK UPON TWEED						
Post Code:	TD15 1TD						
Please identify/describe the location of the site or sites							
Northing 65	52849	Easting	392489				
Pre-Applicatio	n Discussion						
	roposal with the planning authority? *			Yes X No			
Trees							
Are there any trees on or adjacent to the application site? *							
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 Pa	arking						
Are you proposing a new o	r altered vehicle access to or from a p	oublic road? *		Yes X No			
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? *							

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? *

Is any of the land part of an agricultural holding? *

Certificate Required

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

Certificate A

Land Ownership Certificate

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

Certificate A

I hereby certify that -

(1) - No person other than myself/the applicant was an owner (Any person who, in respect of any part of the land, is the owner or is the lessee under a lease thereof of which not less than 7 years remain unexpired.) 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.

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

 Signed:
 David McKnight

 On behalf of:
 Mr A. Thompson

 Date:
 05/12/2023

 Please tick here to certify this Certificate. *

X Yes No

Yes X No

Checklist – Application for Householder Application					
Please take a few moments to complete the following checklist in order to ensure that you have provided all the in support of your application. Failure to submit sufficient information with your application may result in your ap 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?. *	X 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? *	X 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.? *	X 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.	X Yes	No			
e) Have you provided a certificate of ownership? *	X Yes	□ No			
f) Have you provided the fee payable under the Fees Regulations? *	X Yes	□ No			
g) Have you provided any other plans as necessary? *	X Yes	□ No			
Continued on the next page					
A copy of the other plans and drawings or information necessary to describe the proposals (two must be selected). *					
You can attach these electronic documents later in the process.					
Existing and Proposed elevations.					
Existing and proposed floor plans.					
Cross sections.					
Site layout plan/Block plans (including access).					
☐ Roof plan.					
Photographs and/or photomontages.					
Additional Surveys – for example a tree survey or habitat survey may be needed. In some instances you may need to submit a survey about the structural condition of the existing house or outbuilding.	☐ Yes	X No			
A Supporting Statement – you may wish to provide additional background information or justification for your Proposal. This can be helpful and you should provide this in a single statement. This can be combined with a Design Statement if required. *	☐ Yes	X No			
You must submit a fee with your application. Your application will not be able to be validated until the appropriat Received by the planning authority.	te fee has	been			
Declare – For Householder 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: Mr David McKnight					

Declaration Date:

05/12/2023

Payment Details

Cheque: Thompson, 0001

Created: 05/12/2023 10:43