

Viewmount Arduthie Road Stonehaven AB39 2DQ Tel: 01467 534333 Email: planningonline@aberdeenshire.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 100658595-001  |                 |                          |           |  |  |  |
| 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.   |                 |                          |           |  |  |  |
| Description of Proposed Advertisement(s)  |                 |                          |           |  |  |  |
| Please describe the proposal: (You must select at least one) *  |                 |                          |           |  |  |  |
| ≤ Fascia sign ≤ Box sign ≤ Canopy ≤ Projecting sign   |                 |                          |           |  |  |  |
| $\leq$ Hoarding $\leq$ Flag $\leq$ Advance sign $T$ Other   |                 |                          |           |  |  |  |
| If Other, please provide further details: * (Max 500 characters)  |                 |                          |           |  |  |  |
| Angled all weather aluminium composite board 1000x700 x 3 mm mounted on 20mm plain board of recycled plastic. The board will be set on two recycled black plastic legs 100 x100 . The board will be inclined at an angle of 30 deg to the horizontal and the back of the board will be at a height 950mm, the front will be at a height of 600mm. The board will show a map of the wheelchair accessible path network in Aboyne Castle Wood. The sub frame will be recycled black plastic               |                 |                          |           |  |  |  |
| How many advertisement signs are you seeking consent for? *   | 1               |                          |           |  |  |  |
| 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)  |                 |                          |           |  |  |  |
| Angled all weather aluminium composite board 1000x700 x 3 mm mounted on 20mm plain board of recycled plastic. The board will be freestanding on two recycled black plastic legs 100 x100 . The board will be inclined at an angle of 30 deg to the horizontal and the back of the board will be at a height 950mm , the front will be at a height of 600mm . The board will show a map of the wheelchair accessible path network in Aboyne Castle Wood . The sub frame will be recycled black plastic . |                 |                          |           |  |  |  |
| Will any of the proposed advertisement(s) project over a footway or public road?  | *               | $\leq$ Yes $T$ No        |           |  |  |  |
| Is this a renewal of a previous consent: *  |                 | $\leq$ Yes $T$ No $\leq$ | Dont Know |  |  |  |

| Site Address Details  |                       |                       |        |  |  |  |
|---|-----------------------|-----------------------|--------|--|--|--|
| Planning Authority:   | Aberdeenshire Council | Aberdeenshire 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  |                       |                       |        |  |  |  |
| Rough ground to the west of Cemetery Road , north of the cemetery and south of the Aboyne Community Shed  |                       |                       |        |  |  |  |
| Northing  | 798700                | Easting               | 352500 |  |  |  |
| 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 detail   | S                             |  |               |  |  |  |
| Company/Organisation:   |                               |  |               |  |  |  |
| Ref. Number:  |                               | You must enter a Building Name or Number, or both: * |               |  |  |  |
| First Name: *   | Isabel                        | Building Name:                                       | Minarloch     |  |  |  |
| Last Name: *  | Davies                        | Building Number:                                     |               |  |  |  |
| Telephone Number: *   |                               | Address 1<br>(Street): *                             | Ballater Road |  |  |  |
| Extension Number:   |                               | Address 2:   |               |  |  |  |
| Mobile Number:  |                               | Town/City: *   | Aboyne        |  |  |  |
| Fax Number:   |                               | Country: *   | Scotland      |  |  |  |
|   |                               | Postcode: *  | AB34 5JE      |  |  |  |
| Email Address: *  |                               |  |               |  |  |  |
| Is the applicant an individual or an organisation/corporate entity? * $ T  \text{Individual} \leq  \text{Organisation/Corporate entity} $ |                               |  |               |  |  |  |
| Applicant Det   | ails                          |  |               |  |  |  |
| Please enter Applicant de   | etails                        |  |               |  |  |  |
| Title:  | Ms                            | You must enter a Building Name or Number, or both: * |               |  |  |  |
| Other Title:  |                               | Building Name:                                       | Victory Hall  |  |  |  |
| First Name: *   | Isabel                        | Building Number:                                     |               |  |  |  |
| Last Name: *  | Davies                        | Address 1 (Street): *                                | Ballater Road |  |  |  |
| Company/Organisation  | Mid Deeside Community Council | Address 2:   |               |  |  |  |
| Telephone Number: *   |                               | Town/City: *   | Aboyne        |  |  |  |
| Extension Number:   |                               | Country: *   | Scotland      |  |  |  |
| Mobile Number:  |                               | Postcode: *  | AB34 5HY      |  |  |  |
| Fax Number:   |                               | ]  |               |  |  |  |
| Email Address: *  |                               |  |               |  |  |  |

#### Advertisement(s) Period

Please state the period of time for which consent is sought for the advertisement: \*

 $\leq$  5 Years T More or less than 5 years

If more or less than 5 Years, please state number of years: \*

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## **Pre-Application Discussion**

Have you discussed your proposal with the planning authority? \*

 $\leq$  Yes T No

#### Interest in the Land

Does the applicant own the land or buildings concerned? \*

 $\leq$  Yes T No

Has the permission of the owner or any other person entitled to give permission for the display of an Advertisement been obtained?  $^{\star}$ 

 $T \text{ Yes} \leq \text{No}$ 

## 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? \*

 $\leq$  Yes T No

### Checklist - Application for Consent to Display an Advertisement

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 identifies the land to which the application relates drawn to an Identified scale and showing the direction of north. \*

 $T \text{ Yes} \leq \text{ No}$ 

A copy of other plans and drawings or information necessary to describe the proposals. \* (two must be selected)

- $\, {
  m T} \,$  Site Plan or block plan identifying where advert will be displayed.
- T Detailed Elevations.
- $\leq$  Drawings of signs (including details of illumination).
- ≤ Cross sections of signs showing relationship to building.
- ≤ Photomontage.

Owners consent:

T  $Yes \leq No$ 

You must submit a fee with your application. Your application will not be able to be validated until the appropriate fee has been received by the planning authority.

#### **Declare – Advertisement Consent**

I, the applicant/agent certify that this is an application for advertisement consent as described in this form, the accompanying plans, drawings and additional information.

Declaration Name: Ms Isabel Davies

Declaration Date: 25/01/2024

# **Payment Details**

Online payment: XHWP01221699 Payment date: 25/01/2024 14:39:00

Created: 25/01/2024 14:39