| • EDINBURGH COUNCIL | | | | | |
|--|---|--------------------------------------|--|--|--|
| Business Centre G.2 Waverley Court 4 East Market Street Edinburgh EH8 8BG | Email: planning.sup | pport@edinburgh.gov.uk | | | |
| Applications cannot be validated until all the necessary documentation has been | submitted and the r | required fee has been paid. | | | |
| Thank you for completing this application form: | | | | | |
| ONLINE REFERENCE 100657303-001 | | | | | |
| The online reference is the unique reference for your online form only. The Plan your form is validated. Please quote this reference if you need to contact the plan | | | | | |
| Description of Proposed Advertisement(s) | | | | | |
| Please describe the proposal: (You must select at least one) * | | | | | |
| Fascia sign Box sign Canopy Projecting sign | Fascia sign Box sign Canopy Projecting sign | | | | |
| Hoarding Flag Advance sign X Other | | | | | |
| If Other, please provide further details: * (Max 500 characters) | | | | | |
| Installation of various external signage | | | | | |
| How many advertisement signs are you seeking consent for? * | 22 | | | | |
| Will the advertisement(s) be illuminated or non-illuminated? * | Both | | | | |
| Please describe the type and colour of illumination to match the details on your p lighting etc): * (Max 500 characters) | plans. (e.g. by extern | nal white floodlights, internal blue | | | |
| See visual G_85277 | | | | | |
| 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) | | | | | |
| See visual G_85277 | | | | | |
| Will any of the proposed advertisement(s) project over a footway or public road? | * | X Yes 🗆 No | | | |
| Is this a renewal of a previous consent: * | | Yes X No Dont Know | | | |

| Site Address Details | | | | | | |
|--|---------------------------|-----------|--------|--|--|--|
| Planning Authority: | City of Edinburgh Council | | | | | |
| Full postal address of the site (including postcode where available): | | | | | | |
| Address 1: | 1 MORRISON LINK | | | | | |
| Address 2: | DALRY | | | | | |
| Address 3: | | | | | | |
| Address 4: | | | | | | |
| Address 5: | | | | | | |
| Town/City/Settlement: | EDINBURGH | EDINBURGH | | | | |
| Post Code: | EH3 8DN | | | | | |
| Please identify/describe the location of the site or sites | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Northing | 673201 | Easting | 324283 | | | |
| | | | | | | |
| 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) | | | | | | |

| Agent Details | | | |
|-----------------------------|---|--|------------------------------------|
| Please enter Agent detail | S | | |
| Company/Organisation: | Astley | | |
| Ref. Number: | | You must enter a Building Name or Number, or both: * | |
| First Name: * | Oliver | Building Name: | Redforrest House |
| Last Name: * | Forrester | Building Number: | 0 |
| Telephone Number: * | 07971902552 | Address 1 (Street): * | Queens Court North, Earlsway, Team |
| Extension Number: | | Address 2: | Queens Court North, Earlsway, Team |
| Mobile Number: | | Town/City: * | Gateshead |
| Fax Number: | | Country: * | United Kingdom |
| | | Postcode: * | NE11 0BP |
| Email Address: * | oliver.forrester@astley-uk.com | | |
| Is the applicant an individ | lual or an organisation/corporate entity? * | | |
| | nisation/Corporate entity | | |
| Applicant Det | ails | | |
| Please enter Applicant de | | | |
| Title: | | You must enter a Building Name or Number, or both: * | |
| Other Title: | | Building Name: | |
| First Name: * | | Building Number: | 245 |
| Last Name: * | | Address 1 (Street): * | 245 Broad Street |
| Company/Organisation | Leonardos | Address 2: | Court North, Earlsway, Team Valley |
| Telephone Number: * | | Town/City: * | Birmingham |
| Extension Number: | | Country: * | United Kingdom |
| Mobile Number: | | Postcode: * | B1 2HQ |
| Fax Number: | | | |
| Email Address: * | | | |

| Advertisement(| s) Period | | | |
|---|---|---------------------------|--|--|
| Please state the period of tim | ne for which consent is sought for the advertisement: * | | | |
| S Years More or les | s than 5 years | | | |
| Pre-Application | Discussion | | | |
| Have you discussed your pro | pposal with the planning authority? * | Yes X No | | |
| Interest in the L | and | | | |
| Does the applicant own the la | and or buildings concerned? * | X Yes No | | |
| Planning Servic | ce Employee/Elected Member Interest | | | |
| Is the applicant, or the applic elected member of the plann | ant's spouse/partner, either a member of staff within the planning service or an ing authority? * | Yes X No | | |
| Checklist – App | blication 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 identif Identified scale and showing | ies the land to which the application relates drawn to an the direction of north. * | X Yes 🗌 No | | |
| A copy of other plans and dra (two must be selected) | awings or information necessary to describe the proposals. * | | | |
| 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 your application. Your application will not be able to be validated until the appropriate fee has been received by the planning authority. | | | | |
| Declare – Adve | rtisement 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: | Mr Oliver Forrester | | | |
| Declaration Date: | 12/01/2024 | | | |
| Payment Detail | S | | | |
| Online payment: 7050759144596989904250; | | | | |
| Payment date: 12/01/2024 10 | 6:12:00 | Created: 12/01/2024 16:12 | | |