



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 100657576-002

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:

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

Northing

Easting

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 Agent

Agent Details

Please enter Agent details

Company/Organisation:	Ryden LLP		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Claire	Building Name:	The Capitol
Last Name: *	Coutts	Building Number:	431
Telephone Number: *	01224 588866	Address 1 (Street): *	Union Street
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Aberdeen
Fax Number:		Country: *	Aberdeen City
		Postcode: *	AB11 6DA
Email Address: *	claire.coutts@ryden.co.uk		

Is the applicant an individual or an organisation/corporate entity? *

Individual Organisation/Corporate entity

Applicant Details

Please enter Applicant details

Title:		You must enter a Building Name or Number, or both: *	
Other Title:		Building Name:	Lower Ground Floor
First Name: *		Building Number:	
Last Name: *		Address 1 (Street): *	Prime Four Business Park
Company/Organisation	Odfjell Technology (UK) Limited	Address 2:	Kingswells
Telephone Number: *		Town/City: *	Aberdeen
Extension Number:		Country: *	Aberdeenshire
Mobile Number:		Postcode: *	AB15 8PU
Fax Number:			
Email Address: *	claire.coutts@ryden.co.uk		

Proposal/Application Details

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

Was the original application part of this proposal? *

Yes No

Application Details

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

Application: *

100657576-001, application for Advertisement Consent, submitted on 25/01/2024

Document Details

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

Elevation Plan requested for validation

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. *

Yes No

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: Mrs Claire Coutts

Declaration Date: 05/02/2024