

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 100660198-001

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 Proposal**

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

proposed pavement crossing and creation of hard stand in garden foe vehicle

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 detail   | S                     |  |                  |  |
| Company/Organisation:   |                       |  |                  |  |
| Ref. Number:  |                       | You must enter a Building Name or Number, or both: * |                  |  |
| First Name: *   | Stuart                | Building Name:                                       |                  |  |
| Last Name: *  | Aitchison             | Building Number:                                     | 3                |  |
| Telephone Number: *   | 01896756194           | Address 1<br>(Street): *                             | glenfield cr     |  |
| Extension Number:   |                       | Address 2:   |                  |  |
| Mobile Number:  |                       | Town/City: *   | galashiels       |  |
| Fax Number:   |                       | Country: *   | selkirkshire     |  |
|   |                       | Postcode: *  | TD1 2AR          |  |
| Email Address: *  | balletgemma17@aol.com |  |                  |  |
| Is the applicant an individual or an organisation/corporate entity? * |                       |  |                  |  |
| Applicant Det   | ails                  |  |                  |  |
| Please enter Applicant de   | etails                |  |                  |  |
| Title:  | Mr                    | You must enter a Building Name or Number, or both: * |                  |  |
| Other Title:  |                       | Building Name:                                       | KERIDAN          |  |
| First Name: *   | A                     | Building Number:                                     |                  |  |
| Last Name: *  | CARROLL               | Address 1<br>(Street): *                             | LEITHEN CRESCENT |  |
| Company/Organisation  |                       | Address 2:   |                  |  |
| Telephone Number: *   |                       | Town/City: *   | INNERLEITHEN     |  |
| Extension Number:   |                       | Country: *   | SCOTLAND         |  |
| Mobile Number:  |                       | Postcode: *  | EH44 6JL         |  |
| Fax Number:   |                       |  |                  |  |
| Email Address: *  | BALLETGEMMA17@AOL.COM |  |                  |  |

| Site Address Details  |   |                                  |          |  |  |
|---|---|----------------------------------|----------|--|--|
| Planning Authority:   | Scottish Borders Council                |                                  | 7        |  |  |
| Full postal address of the  | site (including postcode where availab  | le):                             |          |  |  |
| Address 1:  | KERIDAN                                 |                                  |          |  |  |
| Address 2:  | LEITHEN CRESCENT                        |                                  |          |  |  |
| Address 3:  |   |                                  |          |  |  |
| Address 4:  |   |                                  |          |  |  |
| Address 5:  |   |                                  |          |  |  |
| Town/City/Settlement:   | INNERLEITHEN                            |                                  |          |  |  |
| Post Code:  | EH44 6JL                                |                                  |          |  |  |
| Please identify/describe th   | ne location of the site or sites        |                                  |          |  |  |
|   |   |                                  |          |  |  |
| Northing  | 536620                                  | Easting                          | 333265   |  |  |
|   |   |                                  |          |  |  |
| Pre-Application   | on Discussion                           |                                  |          |  |  |
| Have you discussed your   | proposal with the planning authority? * |                                  | Yes X No |  |  |
| Trees   |   |                                  |          |  |  |
| Are there any trees on or a   | adjacent to the application site? *     |                                  | Yes X No |  |  |
| 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 Parking  |   |                                  |          |  |  |
| Are you proposing a new or altered vehicle access to or from a public road? *   |   |                                  |          |  |  |
| 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. |   |                                  |          |  |  |
| How many vehicle parking site? *  | spaces (garaging and open parking)      | currently exist on the applicati | on 0     |  |  |
| How many vehicle parking spaces (garaging and open parking) do you propose on the site (i.e. the total of existing and any new spaces or a reduced number of spaces)? *   |   | e. the 1                         |          |  |  |
| Please show on your drawings the position of existing and proposed parking spaces and identify if these are for the use of particular types of vehicles (e.g. parking for disabled people, coaches, HGV vehicles, cycle spaces).                    |   |                                  |          |  |  |

| 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? *  | Yes X No |  |  |
| Certificates and Notices   |          |  |  |
| 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? *  | X Yes No |  |  |
| Is any of the land part of an agricultural holding? *  | Yes X No |  |  |
| 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:       | Stuart Aitchison |  |  |
|---------------|------------------|--|--|
| On behalf of: | Mr A CARROLL     |  |  |
| Date:         | 07/02/2024       |  |  |
|               |                  |  |  |

Please tick here to certify this Certificate. \*

| Checklist – App  | lication for Householder Application  |                   |
|--|---|-------------------|
| in support of your application.  | o complete the following checklist in order to ensure that you have provided all the<br>Failure to submit sufficient information with your application may result in your ap<br>will not start processing your application until it is valid. |                   |
| a) Have you provided a writte  | n description of the development to which it relates?. *  | 🗙 Yes 🗌 No        |
| b) Have you provided the pos<br>has no postal address, a desc  | tal address of the land to which the development relates, or if the land in question<br>cription of the location of the land? *   | Yes No            |
| c) Have you provided the nam<br>applicant, the name and addre  | ne and address of the applicant and, where an agent is acting on behalf of the ess of that agent.? $^{\star}$   | X Yes No          |
| d) Have you provided a location<br>land in relation to the locality a<br>and be drawn to an identified | on plan sufficient to identify the land to which it relates showing the situation of the and in particular in relation to neighbouring land? *. This should have a north poin scale.  | e 🛛 Yes 🗌 No<br>t |
| e) Have you provided a certifi   | cate of ownership? *  | 🗙 Yes 🗌 No        |
| f) Have you provided the fee p   | payable under the Fees Regulations? *   | X Yes 🗌 No        |
| g) Have you provided any oth   | er plans as necessary? *  | 🗙 Yes 🗌 No        |
| Continued on the next page   |   |                   |
| A copy of the other plans and (two must be selected). *  | drawings or information necessary to describe the proposals   |                   |
| You can attach these electron  | nic documents later in the process.   |                   |
| Existing and Proposed el   | levations.  |                   |
| Existing and proposed flo  | por plans.  |                   |
| Cross sections.  |   |                   |
| Site layout plan/Block pla   | ans (including access).   |                   |
| Roof plan.   |   |                   |
| Photographs and/or phot  | tomontages.   |                   |
| 5  | nple a tree survey or habitat survey may be needed. In some instances you about the structural condition of the existing house or outbuilding.  | Yes X No          |
|  | a may wish to provide additional background information or justification for your and you should provide this in a single statement. This can be combined with a *  | Yes X No          |
| You must submit a fee with yo<br>Received by the planning auth   | our application. Your application will not be able to be validated until the appropria hority.  | te fee has been   |
| Declare – For He   | ouseholder Application  |                   |
| I, the applicant/agent certify th<br>Plans/drawings and additiona                                      | nat this is an application for planning permission as described in this form and the l information.   | accompanying      |
| Declaration Name:  | Mr Stuart Aitchison   |                   |
| Declaration Date:  | 07/02/2024  |                   |

## **Payment Details**

Departmental Charge Code: 220753

Created: 07/02/2024 10:25