



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 100666601-003

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 Proposed Works to Listed Building

Are the proposals to alter, extend or demolish the listed building(s)? \*

Yes  No

If Yes, please provide further details: \* (Max 500 characters)

window replacement

Has the work already been started and/or completed? \*

No  Yes – Started  Yes - Completed

Please Note: it can be a criminal offence to undertake works that require listed building consent in advance of obtaining consent.

## 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: | R. Mitchell Glass Ltd.          |  |                      |
| Ref. Number:          | <input type="text"/>            | You must enter a Building Name or Number, or both: * |                      |
| First Name: *         | Mitchell                        | Building Name:                                       | Unit 1               |
| Last Name: *          | Glass                           | Building Number:                                     | <input type="text"/> |
| Telephone Number: *   | 01896 752628                    | Address 1 (Street): *                                | Currie Road          |
| Extension Number:     | <input type="text"/>            | Address 2:   | <input type="text"/> |
| Mobile Number:        | <input type="text"/>            | Town/City: *   | Galashiels           |
| Fax Number:           | <input type="text"/>            | Country: *   | Scotland             |
|                       |                                 | Postcode: *  | TD1 2BP              |
| Email Address: *      | technician1@mitchellglass.co.uk |  |                      |

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

Individual  Organisation/Corporate entity

## Applicant Details

Please enter Applicant details

|                      |                          |  |                      |
|----------------------|--------------------------|--|----------------------|
| Title:               | <input type="text"/>     | You must enter a Building Name or Number, or both: * |                      |
| Other Title:         | <input type="text"/>     | Building Name:                                       | Mitchell Glass       |
| First Name: *        | <input type="text"/>     | Building Number:                                     | <input type="text"/> |
| Last Name: *         | <input type="text"/>     | Address 1 (Street): *                                | Currie road          |
| Company/Organisation | Mitchell Glass (Ltd)     | Address 2:   | <input type="text"/> |
| Telephone Number: *  | <input type="text"/>     | Town/City: *   | Galashiels           |
| Extension Number:    | <input type="text"/>     | Country: *   | United Kingdom       |
| Mobile Number:       | <input type="text"/>     | Postcode: *  | TD1 2BP              |
| Fax Number:          | <input type="text"/>     |  |                      |
| Email Address: *     | lynn@mitchellglass.co.uk |  |                      |

## Site Address Details

Planning Authority:

Scottish Borders Council

Full postal address of the site (including postcode where available):

Address 1:

FLAT C

Address 2:

6 HIGH STREET

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

HAWICK

Post Code:

TD9 9EH

Please identify/describe the location of the site or sites

Northing

614475

Easting

350237

## Existing and Proposed Uses

Please describe the current use: \* (Max 500 characters)

dwelling house

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

dwelling house

## Pre-Application Discussion

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

Yes  No

## Listed Building Category

Please state the category of listing (if known) of the building in the list of Buildings of Special Architectural or Historic interest: \*

- Category A
- Category B
- Category C
- A (Group)
- B (Group)
- Ecclesiastical Category A
- Ecclesiastical Category B
- Ecclesiastical Category C
- Don't Know

## Demolition of Listed Building

Does the proposal involve demolition of a listed building or a building within the curtilage of a listed building? \*

- Total or substantial demolition of the listed building
- Total or substantial demolition of a building within the curtilage of the listed building
- Other (partial demolition or alterations)

## Listed Building Alterations

Do the proposed works include alterations and/or extension to a listed building? \*  
(This may be in addition to any demolition works specified previously)

Yes  No

Does the proposal include:

Works to the exterior of the building? This would include works to any structure or object fixed to the building  
Or to any other buildings within its curtilage: \*

Yes  No

Works to the interior of the building? This should include any stripping out of any internal features eg. Wall,  
Ceiling, plasterwork, joinery, panelling, fireplaces, chimney pieces, staircases, ironmongery, doors, flooring,  
Floor finishes/floorboards, tiling, stencilled decoration, fixed furniture and fittings, including machinery: \*

Yes  No

Please state the number of attachments you will be including with this proposal, this may include plans, drawings and photographs sufficient to identify the location, extent and character of the items to be altered, extended or removed, and the proposal for their replacement, including any new means of structural support and detailed specification of proposed finishing materials.

Number of plans, drawings and photographs in total? \*

4

## Proposal Relating to Listed Building

Are there any current applications or existing consents or permissions for this site? \*

Yes  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? \*

Yes  No

## Certificates and Notices

Certificate and Notice

The Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997

The Town and Country Planning (Listed Building and Buildings in Conservation Areas) (Scotland) Regulations 1987

One Certificate must be completed and submitted along with this form; either Certificate A, Certificate B or Certificate C.

Are you the sole owner of ALL the land/building relevant to this proposal? \*  Yes  No

Are you able to identify and give appropriate notice to ALL the other owners?  Yes  No

## Certificate Required

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

Certificate B

## Certificates

The certificate you have selected requires you to distribute copies of the Notice 1 document below to all of the owners that you have provided before you can complete your certificates.

Notice 1 is required

I understand my obligations to provide the above notice before I can complete the certificates. \*

## Land Ownership Certificate

Certificate and Notice

The Planning (Listed Buildings and Conservation Areas) (Scotland) act 1997

The Town and Country Planning (Listed Buildings and Buildings in Conservation Areas) (Scotland) Regulations 1987

Certificate B

I hereby certify that –

(1) - I have/The Applicant has served notice on every person other than myself/the applicant who, at the beginning of the period of 21 days ending with the date of the accompanying application was owner [note 1] of any part of the land to which the application relates.

Name:

Mrs Lynn Noble

Address:

6c, High street, Hawick, UK, TD9 9EH

Date of Service of Notice: \*

04/04/2024

Signed: Mitchell Glass

On behalf of: Mitchell Glass (Ltd)

Date: 04/04/2024 08:03:05

Note 1 – 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.

## Checklist – Application for Listed Building Consent

Please complete the following checklist to make sure you have provided all the necessary information in support of your application. Failure to submit the necessary 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. \*  Yes  No

A copy of other detailed plans, drawings, photographs (with annotations to describe the details of  
Materials and workmanship) as necessary to describe your proposals. \*  Yes  No

Elevations. \*  Yes  No

Floor Plans. \*  Yes  No

Roof Plan. \*  Yes  No

Does your plan include:

Sections. \*  Yes  No

Perspectives of Photomontages. \*  Yes  No

Block Plan. \*  Yes  No

Special Detailed Drawing. \*  Yes  No

Detailed specification of finishes. \*  Yes  No

Current or old photographs. \*  Yes  No

What other information are you submitting in support of your application? \*

- Design Statement.
- Supporting Statement.
- Condition Survey Report.
- Feasibility Study.
- Development Appraisal.
- Environmental Impact Statement.
- Conservation Survey/Statement/Plan.
- Other.

## Declare – Listed Building Consent

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

Declaration Name: Mr Mitchell Glass

Declaration Date: 04/04/2024