

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 100668758-002

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:	Aberdeen City Council					
Full postal address of the site (including postcode where available):						
Address 1:	SIMEON HOUSE					
Address 2:	CAIRNLEE ROAD					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	ABERDEEN					
Post Code:	AB15 9BN					
Please identify/describe the location of the site or sites						
Northing	802768	Easting	38	87956		
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:	Taylor Architecture and Building Consu	Itants Ltd				
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Steven	Building Name:				
Last Name: *	Taylor	Building Number:	24			
Telephone Number: *	07500026150	Address 1 (Street): *	Oldmeldrum Road			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Newmachar			
Fax Number:		Country: *	Aberdeenshire			
		Postcode: *	AB21 0PJ			
Email Address: *	Steven@taylorarchitecture.co.uk					
Is the applicant an individ	ual or an organisation/corporate entity? *					
Is the applicant an individual or an organisation/corporate entity? *						
$\leq$ Individual T Organisation/Corporate entity						
Applicant Details						
Please enter Applicant details						
Title:	Mr	You must enter a Building Name or Number, or both: *				
Other Title:		Building Name:	Camphill Estates			
First Name: *	Barry	Building Number:				
Last Name: *	Gibson	Address 1 (Street): *	Murtle Estate			
Company/Organisation	camphill (Rudolph Steiner) estates	Address 2:	Bieldside			
Telephone Number: *		Town/City: *	Aberdeen			
Extension Number:		Country: *	Scotland			
Mobile Number:		Postcode: *	AB15 9EP			
Fax Number:		]				
Email Address: *						

# **Proposal/Application Details**

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

Was the original application part of this proposal? \*

#### **Application Details**

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

Application: \*

100668758-001, application for Planning Permission, submitted on 19/04/2024

#### **Document Details**

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

Drainage Impact Assessment

## **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. \*

26/04/2024

## **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: Mr Steven Taylor

Declaration Date:

T Yes  $\leq$  No

T Yes  $\leq$  No