

Newtown St Boswells Melrose TD6 0SA Tel: Payments 01835 825251/System Help 01835 826705 Email: corporatebusinesssystems@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:

☑ Individual ☐ Organisation/Corporate entity

ONLINE REFERENCE 100290527-001

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.

## **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 Ferguson Planning Company/Organisation: Ref. Number: You must enter a Building Name or Number, or both: \* Shiel House First Name: \* Building Name: Last Name: \* Building Number: Address 1 (Street): \* 01896 668744 Island Street Telephone Number: \* Extension Number: Address 2: Galashiels Mobile Number: Town/City: \* Scotland Country: \* Fax Number: TD1 1NU Postcode: \* tim@fergusonplanning.co.uk Email Address: \* Is the applicant an individual or an organisation/corporate entity? \*

|   | ails                              |                          |  |  |  |
|---|-----------------------------------|--------------------------|--|--|--|
| Please enter Applicant de   |                                   | _                        |  |  |  |
| Title:  | Mrs                               | You must enter a Bu      | You must enter a Building Name or Number, or both: * |  |  |
| Other Title:  |                                   | Building Name:           | Shiel House  |  |  |
| First Name: *   | Carly                             | Building Number:         | 54   |  |  |
| Last Name: *  | Anderson                          | Address 1<br>(Street): * | Island Street  |  |  |
| Company/Organisation  | per Agent                         | Address 2:               |  |  |  |
| Telephone Number: *   |                                   | Town/City: *             | Galashiels   |  |  |
| Extension Number:   |                                   | Country: *               | Scotland   |  |  |
| Mobile Number:  |                                   | Postcode: *              | TD1 1NU  |  |  |
| Fax Number:   |                                   |                          |  |  |  |
| Email Address: *  | tim@fergusonplanning.co.uk        |                          |  |  |  |
| Site Address Details  |                                   |                          |  |  |  |
| Planning Authority:   | Scottish Borders Council          |                          |  |  |  |
| Full postal address of the site (including postcode where available): |                                   |                          |  |  |  |
| Address 1:  |                                   |                          |  |  |  |
| Address 2:  |                                   |                          |  |  |  |
| Address 3:  |                                   |                          |  |  |  |
| Address 4:  |                                   |                          |  |  |  |
| Address 5:  |                                   |                          |  |  |  |
| Town/City/Settlement:   |                                   |                          |  |  |  |
| rown city/settlement.   |                                   |                          |  |  |  |
| Post Code:  |                                   |                          |  |  |  |
| Post Code:  | the location of the site or sites |                          |  |  |  |
| Post Code:  | the location of the site or sites |                          |  |  |  |
| Post Code:  | the location of the site or sites |                          |  |  |  |

| Please provide a description of your proposal to which your review relates. The description should be the same as given in the application form, or as amended with the agreement of the planning authority: * (Was 500 characters)    Siting of 3 No glamping pods and associated works   |   |
|--|---|
| application form, or as amended with the agreement of the planning authority: * (Max 500 characters)    Siting of 3 No glamping pods and associated works  | Description of Proposal   |
| Type of Application  What type of application did you submit to the planning authority? *  Application for planning permission (including householder application but excluding application to work minerals).  Application for planning permission in principle.  Further application.  Application for approval of matters specified in conditions.  What does your review relate to? *  Refusal Notice.  Grant of permission with Conditions imposed.  No decision reached within the prescribed period (two months after validation date or any agreed extension) – deemed refusal.  Statement of reasons for seeking review  You must state in full, why you are a seeking a review of the planning authority's decision (or failure to make a decision). Your statement must set out all matters you consider require to be taken into account in determining your review. If necessary this can be provided as a separate document in the "Supporting Document's section:" (Max 500 characters)  Note: you are unlikely to have a further opportunity to add to your statement of appeal at a later date, so it is essential that you produce all of the information you want the decision-maker to take into account.  Vou should not however raise any new matter which was not before the planning authority at the time it decided your application (or at the time expiry of the period of determination), unless you can demonstrate that the new matter could not have been raised before that time or that it not being raised before that time is a consequence of exceptional circumstances.  Please see Local Review Statement:  Have you raised any matters which were not before the appointed officer at the time the                             | application form, or as amended with the agreement of the planning authority: *   |
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| Determination on your application was made? *  If yes, you should explain in the box below, why you are raising the new matter, why it was not raised with the appointed officer before  | Please see Local Review Statement   |
|  |   |
|  |   |

| Please provide a list of all supporting documents, materials and evidence which you to rely on in support of your review. You can attach these documents electronically la   | wish to submit with your notice of review and intendater in the process: * (Max 500 characters)    |
|--|--|
| Please see Core Document List in Local Review Statement Appendix   |  |
| Application Details  |  |
| Please provide the application reference no. given to you by your planning authority for your previous application.  | 20/00343/FUL   |
| What date was the application submitted to the planning authority? *   | 25/03/2020   |
| What date was the decision issued by the planning authority? *   | 02/07/2020   |
| required by one or a combination of procedures, such as: written submissions; the hinspecting the land which is the subject of the review case.  Can this review continue to a conclusion, in your opinion, based on a review of the parties only, without any further procedures? For example, written submission, heal  Yes X No | elevant information provided by yourself and other ring session, site inspection. *                |
| Please indicate what procedure (or combination of procedures) you think is most ap<br>select more than one option if you wish the review to be a combination of procedure<br>Please select a further procedure *   |  |
| By means of inspection of the land to which the review relates   |  |
| Please explain in detail in your own words why this further procedure is required an will deal with? (Max 500 characters)  | d the matters set out in your statement of appeal it   |
| Application refused on the basis of a harmful visual impact on the landscape iden written advice of the Council's Landscape Architect. A site visit would enable me proposed development in the landscape.   | tified by the Planning Officer, contrary to the<br>mbers to appreciate the profile of the site and |
| In the event that the Local Review Body appointed to consider your application dec   |  |
| Can the site be clearly seen from a road or public land? * Is it possible for the site to be accessed safely and without barriers to entry? *  | <ul><li>X Yes ☐ No</li><li>X Yes ☐ No</li></ul>  |

| Checklist – Application for Notice of Review  |  |
|---|--|
| Please complete the following checklist to make sure you have provided all the necessary informat to submit all this information may result in your appeal being deemed invalid.  | ion in support of your appeal. Failure |
| Have you provided the name and address of the applicant?. *   | X Yes □ No                             |
| Have you provided the date and reference number of the application which is the subject of this review? $^\star$  | ⊠ Yes □ No                             |
| If you are the agent, acting on behalf of the applicant, have you provided details of your name and address and indicated whether any notice or correspondence required in connection with the review should be sent to you or the applicant? *   | ĭ Yes ☐ No ☐ N/A                       |
| Have you provided a statement setting out your reasons for requiring a review and by what procedure (or combination of procedures) you wish the review to be conducted? *   | ⊠ Yes □ No                             |
| Note: You must state, in full, why you are seeking a review on your application. Your statement mus require to be taken into account in determining your review. You may not have a further opportunity at a later date. It is therefore essential that you submit with your notice of review, all necessary inforon and wish the Local Review Body to consider as part of your review. | to add to your statement of review     |
| Please attach a copy of all documents, material and evidence which you intend to rely on (e.g. plans and Drawings) which are now the subject of this review *   | ⊠ Yes □ No                             |
| Note: Where the review relates to a further application e.g. renewal of planning permission or modit planning condition or where it relates to an application for approval of matters specified in condition application reference number, approved plans and decision notice (if any) from the earlier consent.  |  |
| Declare – Notice of Review  |  |
| I/We the applicant/agent certify that this is an application for review on the grounds stated   | _                                      |
| Declaration Name: Mr -  |  |
| Declaration Date: 11/08/2020  |  |
| 11/00/2020  |  |