



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:

ONLINE REFERENCE 100362850-001

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.

### 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:	Suzanne McIntosh Planning Limited		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Suzanne	Building Name:	
Last Name: *	McIntosh	Building Number:	45C
Telephone Number: *	07792230979	Address 1 (Street): *	Bath Street
Extension Number:		Address 2:	Portobello
Mobile Number:		Town/City: *	Edinburgh
Fax Number:		Country: *	United Kingdom
		Postcode: *	EH15 1HB
Email Address: *	smcintoshplan@gmail.com		

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

Individual  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:	Eastfield
First Name: *	Hugh	Building Number:	
Last Name: *	Lovatt	Address 1 (Street): *	Buxton
Company/Organisation		Address 2:	
Telephone Number: *		Town/City: *	Selkirk
Extension Number:		Country: *	Scotland
Mobile Number:		Postcode: *	TD7 4PU
Fax Number:			
Email Address: *	smcintoshplan@gmail.com		

## Case Number Details

Please provide the case number from the planning authority for the original application(s).

Please provide the case number provided by your Planning Authority: \*

12/01191/PPP

## Document Details

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

Planning Permission in Principle was granted subject to a number of conditions. This application under S42 seeks to modify a condition as set out in the statement. We note that a standard application form is not required.

## 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 Suzanne McIntosh

Declaration Date: 10/02/2021