

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 100623848-002

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:	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:					
Post Code:					
Please identify/describe	e the location of the site or sites				
2 Rowan Court, Cav	alry Park, Peebles EH45 9BU				
Northing	639717	Easting	326321		
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)					

Agent Details						
Please enter Agent detail	s					
Company/Organisation:	Ericht Planning					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Kate	Building Name:	Gifford House			
Last Name: *	Jenkins	Building Number:				
Telephone Number: *	07795 974 083	Address 1 (Street): *	Bonnington Road			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Peebles			
Fax Number:		Country: *	United Kingdom			
		Postcode: *	EH45 9HF			
Email Address: *	kate@kjenkins.co.uk					
Is the applicant an individual or an organisation/corporate entity? * Individual Organisation/Corporate entity						
Applicant Details						
Please enter Applicant de		٦				
Title:	Mr	You must enter a Building Name or Number, or both: *				
Other Title:		Building Name:				
First Name: *	Trevor	Building Number:	15			
Last Name: *	Black	Address 1 (Street): *	Old Town			
Company/Organisation	Two Rivers Veterinary Practice Ltd	Address 2:				
Telephone Number: *		Town/City: *	Peebles			
Extension Number:		Country: *	Scotland			
Mobile Number:		Postcode: *	EH45 8JF			
Fax Number:]				
Email Address: *	kate@kjenkins.co.uk					

B 1/A 11 41 B 4 11					
Proposal/Application Details					
Please provide	the details of the original application(s) below:				
Was the original application part of this proposal? *		☒ Yes ☐ No			
	tion Details				
Please select w	which application(s) the new documentation is related to.				
Application: *	100623848-001, application for Notice of Review, submitted on 03/04/2023				
Docume	ent Details				
Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters)					
The notice of local review was submitted 3 days after the legislative change to the Use Classes Order brought in by The Town and Country Planning (General Permitted Development and Use Classes) (Scotland) Miscellaneous Amendment Order 2023 ON 31/03/23. Class 2 thus no longer exists. The proposed change of use is to Class 1A(2) and not to class 2. The documents have been revised to reflect this. NO OTHER CHANGES HAVE BEEN MADE.					
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. *					
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 Na	me: Mrs Kate Jenkins				
Declaration Dat	te: 06/04/2023				