| East Lothian Council | | | | | | | |
|--|--|--------------------------|---|--|--|--|--|
| John Muir House Hadding | ton EH41 3HA Tel: 01620 827 216 Email: | planning@eastlothiar | n.gov.uk | | | | |
| Applications cannot be va | lidated until all the necessary documentatio | n has been submitted | and the required fee has been paid. | | | | |
| Thank you for completing | this application form: | | | | | | |
| ONLINE REFERENCE | 100211083-002 | | | | | | |
| | e unique reference for your online form only ase quote this reference if you need to conf | | rity will allocate an Application Number when ority about this application. | | | | |
| | Agent Details n agent? * (An agent is an architect, consult in connection with this application) | ant or someone else a | acting | | | | |
| Agent Details | | | | | | | |
| Please enter Agent details | | | | | | | |
| Company/Organisation: | Ferguson Planning | | | | | | |
| Ref. Number: | | You must enter a B | uilding Name or Number, or both: * | | | | |
| First Name: * | Tim | Building Name: | Shiel House | | | | |
| Last Name: * | Ferguson | Building Number: | | | | | |
| Telephone Number: * | | Address 1 (Street): * | 54 Island Street | | | | |
| Extension Number: | | Address 2: | | | | | |
| Mobile Number: | |] Town/City: * | Galashiels | | | | |
| Fax Number: | | Country: * | ИК | | | | |
| | | Postcode: * | TD1 1HR | | | | |
| Email Address: * | | | | | | | |
| Is the applicant an individ | ual or an organisation/corporate entity? * | | | | | | |
| Individual Organisation/Corporate entity | | | | | | | |

| Applicant De | tails | | |
|----------------------------|--|--|---------------|
| Please enter Applicant d | etails | | |
| Title: | Other | You must enter a Building Name or Number, or both: * | |
| Other Title: | Mr & Mrs | Building Name: | Shiel House |
| First Name: * | Bill | Building Number: | 54 |
| Last Name: * | Whiteford | Address 1 (Street): * | Island Street |
| Company/Organisation | per Ferguson Planning | 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: | East Lothian Council | | |
| Full postal address of the | e 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 | 664799 | Easting | 351539 |

| Description of Proposal |
|--|
| 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: * (Max 500 characters) |
| As per Appeal Statement |
| 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 Documents' 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. |
| You 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. |
| See Appeal Statement |
| Have you raised any matters which were not before the appointed officer at the time the 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 your application was determined and why you consider it should be considered in your review: * (Max 500 characters) |

| Please provide a list of all supporting documents, materials and evidence which you wish to to rely on in support of your review. You can attach these documents electronically later in the | | |
|---|--|--------------|
| See Apendix 1 of Appeal Statement | | |
| | | |
| | | |
| | | |
| Application Details | | |
| Please provide details of the application and decision. | | |
| What is the application reference number? * | 18/00421/P | |
| What date was the application submitted to the planning authority? * | 05/06/2018 | _ |
| | 05/00/2018 | |
| What date was the decision issued by the planning authority? * | 03/10/2019 | |
| Review Procedure | | |
| The Local Review Body will decide on the procedure to be used to determine your review ar process require that further information or representations be made to enable them to determ required by one or a combination of procedures, such as: written submissions; the holding or inspecting the land which is the subject of the review case. | nine the review. Further informati | on may be |
| Can this review continue to a conclusion, in your opinion, based on a review of the relevant parties only, without any further procedures? For example, written submission, hearing sets \boxed{X} Yes $\boxed{\Box}$ No | | and other |
| In the event that the Local Review Body appointed to consider your application decides to in | spect the site, in your opinion: | |
| Can the site be clearly seen from a road or public land? * | X Yes | |
| Is it possible for the site to be accessed safely and without barriers to entry? * | 🗌 _{Yes} 🗵 | No |
| Checklist – Application for Notice of Review | | |
| Please complete the following checklist to make sure you have provided all the necessary is to submit all this information may result in your appeal being deemed invalid. | nformation in support of your appo | eal. Failure |
| Have you provided the name and address of the applicant?. * | Yes 🗌 No | |
| Have you provided the date and reference number of the application which is the subject of review? * | this 🛛 Yes 🗌 No | |
| If you are the agent, acting on behalf of the applicant, have you provided details of your nam and address and indicated whether any notice or correspondence required in connection will review should be sent to you or the applicant? * | | |
| 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 | |
| procedure (or combination or procedures) you wish the review to be conducted? | | |
| Note: You must state, in full, why you are seeking a review on your application. Your statem require to be taken into account in determining your review. You may not have a further opp at a later date. It is therefore essential that you submit with your notice of review, all necessary on and wish the Local Review Body to consider as part of your review. | ortunity to add to your statement of any information and evidence that | of review |
| Note: You must state, in full, why you are seeking a review on your application. Your statem require to be taken into account in determining your review. You may not have a further opp at a later date. It is therefore essential that you submit with your notice of review, all necessary | ortunity to add to your statement | of review |

Declare – Notice of Review

I/We the applicant/agent certify that this is an application for review on the grounds stated.

Declaration Name: Ferguson Planning Tim Ferguson

12/12/2019

Declaration Date: