

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 100663535-006

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 Applicant						
Agent Details						
Please enter Agent details	5					
Company/Organisation:	Graham Mitchell Architects					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Graham	Building Name:	Troupsmill			
Last Name: *	Mitchell	Building Number:				
Telephone Number: *	07711 503 165	Address 1 (Street): *	Drumblade			
Extension Number:		Address 2:	Huntly			
Mobile Number:		Town/City: *	Aberdeenshire			
Fax Number:		Country: *	Scotland			
		Postcode: *	AB54 6EU			
Email Address: *	office@gma-aberdeen.co.uk					
Is the applicant an individual or an organisation/corporate entity? *						
☑ Individual ☐ Organisation/Corporate entity						

Applicant Details						
Please enter Applicant details						
Title:	Miss	You must enter a Bu	uilding Name or Number, or both: *			
Other Title:		Building Name:				
First Name: *	Nicky	Building Number:	11			
Last Name: *	Turnbull	Address 1 (Street): *	Victoria Street			
Company/Organisation		Address 2:	City Centre			
Telephone Number: *		Town/City: *	Aberdeen			
Extension Number:		Country: *	Scotland, UK			
Mobile Number:		Postcode: *	AB10 1XB			
Fax Number:						
Email Address: *	g.mitchell@gma-aberdeen.co.uk					
Site Address Details						
Planning Authority:	Aberdeen City Council					
Full postal address of th	ne site (including postcode where available	e):				
Address 1:	11 VICTORIA STREET					
Address 2:	CITY CENTRE					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	ABERDEEN					
Post Code:	AB10 1XB					
Please identify/describe the location of the site or sites						
Northing	805846	Easting	393241			

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)				
Change of use from commercial office space to form two dwelling houses - 2024 application.				
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.				
A review is being sought due to the time which has elapsed from validation of the planning application being in excess of the two month statutory period.				
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)				

	oporting documents, materials and evidence which you wish to s eview. You can attach these documents electronically later in the			
Existing and proposed plar	ns, section and elevations and a supporting design statement.			
Application Det	ails			
Please provide the application authority for your previous ap	n reference no. given to you by your planning plication.	240268/DPP		
What date was the application	n submitted to the planning authority? *	05/03/2024		
Review Procedu	ure			
process require that further in	lecide on the procedure to be used to determine your review and information or representations be made to enable them to determ ition of procedures, such as: written submissions; the holding of the subject of the review case.	ine the review. Further information may be		
Can this review continue to a conclusion, in your opinion, based on a review of the relevant information provided by yourself and other parties only, without any further procedures? For example, written submission, hearing session, site inspection. *  Yes \sum No				
In the event that the Local Re	eview Body appointed to consider your application decides to ins	pect the site, in your opinion:		
Can the site be clearly seen f	rom a road or public land? *	X Yes ☐ No		
Is it possible for the site to be	accessed safely and without barriers to entry? *	X Yes ☐ No		
Checklist – App	lication for Notice of Review			
	g checklist to make sure you have provided all the necessary inf may result in your appeal being deemed invalid.	formation in support of your appeal. Failure		
Have you provided the name	and address of the applicant?. *	X Yes No		
Have you provided the date a review? *	and reference number of the application which is the subject of the	is 🛛 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? *				
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 must set out all matters you consider require to be taken into account in determining your review. You may not have a further opportunity to add to your statement of review at a later date. It is therefore essential that you submit with your notice of review, all necessary information and evidence that you rely on and wish the Local Review Body to consider as part of your 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 *		X Yes ☐ No		
Note: Where the review relates to a further application e.g. renewal of planning permission or modification, variation or removal of a planning condition or where it relates to an application for approval of matters specified in conditions, it is advisable to provide the application reference number, approved plans and decision notice (if any) from the earlier consent.				
Declare - Notice	e of Review			
I/We the applicant/agent certi	fy that this is an application for review on the grounds stated.			
Declaration Name:	Mr Graham Mitchell			
Declaration Date:	20/06/2024			