| the more ay council   |   |  |                      |  |  |  |  |  |
|---|---|--|----------------------|--|--|--|--|--|
| The Moray Council Council Office High Street Elgin IV30 1BX Tel: 01343 563 501 Fax: 01343 563 263 Email: development.control@moray.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  | 100065619-001   |  |                      |  |  |  |  |  |
| 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 A  | Agent Details n agent? * (An agent is an architect, consult | ant or someone else a                                |                      |  |  |  |  |  |
| on behalf of the applicant  | in connection with this application)                        |  | Applicant 🖾 Agent    |  |  |  |  |  |
| Agent Details   |   |  |                      |  |  |  |  |  |
| Please enter Agent detail   |   |  |                      |  |  |  |  |  |
| Company/Organisation:   | CM Design   |  |                      |  |  |  |  |  |
| Ref. Number:  |   | You must enter a Building Name or Number, or both: * |                      |  |  |  |  |  |
| First Name: *   | Craig   | Building Name:                                       | St Brendans          |  |  |  |  |  |
| Last Name: *  | Mackay  | Building Number:                                     | 69                   |  |  |  |  |  |
| Telephone Number: *   | 01343540020   | Address 1<br>(Street): *                             | South Guildry Street |  |  |  |  |  |
| Extension Number:   |   | Address 2:   |                      |  |  |  |  |  |
| Mobile Number:  |   | Town/City: *   | Elgin                |  |  |  |  |  |
| Fax Number:   |   | Country: *   | United Kingdom       |  |  |  |  |  |
|   |   | Postcode: *  | IV30 1QN             |  |  |  |  |  |
| Email Address: *  | office@cmdesign.biz   |  |                      |  |  |  |  |  |
| Is the applicant an individ   | ual or an organisation/corporate entity? *                  |  |                      |  |  |  |  |  |
| Individual Organisation/Corporate entity  |   |  |                      |  |  |  |  |  |

| Applicant Det              | ails                                       |  |                        |  |
|----------------------------|--|--|------------------------|--|
| Please enter Applicant de  |  |  |                        |  |
| Title:                     | Mr   | You must enter a Building Name or Number, or both: * |                        |  |
| Other Title:               |  | Building Name:                                       | Wester Gauldwell House |  |
| First Name: *              | Jonathan                                   | Building Number:                                     |                        |  |
| Last Name: *               | Bailey                                     | Address 1<br>(Street): *                             | Wester Gauldwell House |  |
| Company/Organisation       |  | Address 2:   |                        |  |
| Telephone Number: *        |  | Town/City: *   | Craigellachie          |  |
| Extension Number:          |  | Country: *   | Scotland               |  |
| Mobile Number:             |  | Postcode: *  | AB38 9QX               |  |
| Fax Number:                |  |  |                        |  |
| Email Address: *           |  |  |                        |  |
| Site Address               | Details                                    |  |                        |  |
| Planning Authority:        | Moray 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 t | he location of the site or sites           |  |                        |  |
|                            |  |  |                        |  |
|                            |  |  |                        |  |
| Northing                   | 845176                                     | Easting  | 330445                 |  |

| 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)  |  |  |  |  |  |
| New House on Site Adjacent to Laverock Brae  |  |  |  |  |  |
| Type of Application  |  |  |  |  |  |
| What type of application did you submit to the planning authority? *   |  |  |  |  |  |
| <ul> <li>Application for planning permission (including householder application but excluding application to work minerals).</li> <li>Application for planning permission in principle.</li> <li>Further application.</li> <li>Application for approval of matters specified in conditions.</li> </ul>   |  |  |  |  |  |
| What does your review relate to? *   |  |  |  |  |  |
| <ul> <li>Refusal Notice.</li> <li>Grant of permission with Conditions imposed.</li> <li>No decision reached within the prescribed period (two months after validation date or any agreed extension) – deemed refusal.</li> </ul>   |  |  |  |  |  |
| 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. |  |  |  |  |  |
| Please refer to the attached appeal statement and supporting documents.  |  |  |  |  |  |
| Have you raised any matters which were not before the appointed officer at the time the<br>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  |  |                                | d intend |  |  |  |  |
|---|--|--------------------------------|----------|--|--|--|--|
| Appeal Statement, Planning Proposal, Decision Notice and Report of Handling   |  |                                |          |  |  |  |  |
| Application Details   |  |                                |          |  |  |  |  |
| Please provide details of the application and decision.   |  |                                |          |  |  |  |  |
| What is the application reference number? *   | 17/00576/APP   |                                |          |  |  |  |  |
| What date was the application submitted to the planning authority? *  | 17/04/2017   |                                |          |  |  |  |  |
| What date was the decision issued by the planning authority? *  | 09/06/2017   | 09/06/2017                     |          |  |  |  |  |
| Review Procedure  |  |                                |          |  |  |  |  |
| The Local Review Body will decide on the procedure to be used to determine your review and may at any time during the review process require that further information or representations be made to enable them to determine the review. Further information may be required by one or a combination of procedures, such as: written submissions; the holding of one or more hearing sessions and/or inspecting 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 relevant is parties only, without any further procedures? For example, written submission, hearing sess<br>Yes No   |  | yourself and                   | other    |  |  |  |  |
| In the event that the Local Review Body appointed to consider your application decides to in  | spect the site, in your op                             | oinion:                        |          |  |  |  |  |
| Can the site be clearly seen from a road or public land? *  |  | 🗙 Yes 🗌 No                     |          |  |  |  |  |
| Is it possible for the site to be accessed safely and without barriers to entry? *  | X  | X Yes 🗌 No                     |          |  |  |  |  |
| Checklist – Application for Notice of Review  |  |                                |          |  |  |  |  |
| Please complete the following checklist to make sure you have provided all the necessary in to submit all this information may result in your appeal being deemed invalid.  | nformation in support of                               | your appeal.                   | 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? $^{\star}$   | this 🛛 Yes 🗌 I   | s 🛛 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 wit review should be sent to you or the applicant? *   | h the  | 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 🗌 I  | X Yes No                       |          |  |  |  |  |
| 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 necessa on and wish the Local Review Body to consider as part of your review.   | ortunity to add to your st<br>ry information and evide | atement of re<br>ence that you | eview    |  |  |  |  |
| 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 🗌 I  | No                             |          |  |  |  |  |
| Note: Where the review relates to a further application e.g. renewal of planning permission of planning condition or where it relates to an application for approval of matters specified in co   | r modification, variation                              | or removal o                   |          |  |  |  |  |

## **Declare – Notice of Review**

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

Declaration Name: Mr Craig Mackay

Declaration Date: 08/09/2017