

REQUEST FOR DISCHARGE OF CONDITIONS

Please complete all sections of this form. Please email your completed form to planningonline@aberdeenshire.gov.uk or by post to: ePlanning Team, Aberdeenshire Council, Viewmount, Arduthie Road, Stonehaven, AB39 2DQ.

Discharge of Conditions - this form should be used where applicants are seeking approval of information submitted in respect of a condition attached to a planning permission, for the agreement of the Planning Authority.

Are you applying for the Priority Service or Standard Service:						
☐ Priority (6 wee	eks' timescale)					
☐ Standard (3-m	nonth timescale)					
Are the applicant and ag	gent details still the	same as the original	l application?			
□ Yes						
□ No						
If no – which details hav ☐ Applicant ☐ Agent	∕e changed (You can	n tick more than one	option)			
Applicant Details		Agent Details				
Title:		Title:				
Forename:		Forename:				
Surname:		Surname:				
Company Name:		Company Name:				
Address Line 1:		Address Line 1:				
Address Line 2:		Address Line 2:				
Town/City:		Town/City:				
Postcode:		Postcode:				
Telephone:		Telephone:				
Email:		Email:				



						
	ing Decision ence Number:	APP/				
Prope Addre	rty/Site ess:					
Date o	of Decision:					
Site A	ddress:					
What	type of applic	ation are you sul	bmitting:			
	☐ First application to discharge conditions					
	• •	I application to dis	=			
Pleas	se state the co	ndition number(s	s) and descr	ription to which this application relates:		
No.	Description		No.	Description		
	_		d? If yes, ple	lease state date when development		
starte	the development of the developme			·		
start	ed (DD/MM/YY) Yes		d? If yes, ple	·		
start	ed (DD/MM/YY)			·		
starte [ed (DD/MM/YY) Yes No	(Y):	Date Decide	ded:		
starte	ed (DD/MM/YY) Yes No the developme	YY): nt been complete	Date Decide	·		
Has t	ed (DD/MM/YY) Yes No	YY): nt been complete	Date Decide	please state date when development		

How to submit supporting information and paying a fee

Once you submit your completed application form to the e-planning team you will receive a reference number for this application.

Once you have received this, please upload all supporting information using the <u>ePlanning.scot</u> <u>Portal</u> by selecting the Post Submission Additional Documents (PSAD) form and attach all of the documents to it.



When submitting the supporting documents, please provide a full description and/or list of the details which are being submitted for approval for each condition. Please state which condition each document relates to.

There is a fee for this service, please check our <u>planning fees</u> for more details on how much you need to pay and <u>how to pay</u>. The reference is also required for paying the fee. **Please** make a payment **ONCE** you have received a reference number.

The following details must be submitted to allow the discharge of conditions to commence:

- A completed form
- A fee
- Supporting information for each condition.

Declaration				
accompanying p my/our knowledg	ly for the discharge of conditions as described in this form and the lans/drawings and additional information. I/we confirm that to the best of ge, any stated facts are true and accurate, and any opinions given are the s of the person(s) giving them.			
Signed:				
Printed Name:				
Date:				

Note: The information held with your submission will be managed by the Council in accordance with the principles set out in the General Data Protection Regulations 2018. For further information on how we use your information, who we share this information with and how long we keep information is detailed in our <u>Privacy Notice</u>.

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