

LICENSING REF NO: 447181

ITEM NO

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**HMO
RENEWAL**

APPLICANT DETAILS: NAME	Mr Grant Masteron
PREMISES ADDRESS	Flat 7, 13 Hermand Crescent, Edinburgh, EH11 1LP
CONDITIONS APPLIED FOR	Maximum Occupants - 3
24 HOUR CONTACT NUMBER	SATISFACTORY
NOTICE OF APPLICATION	SATISFACTORY
REPRESENTATIONS RECEIVED	Ms Christina Canning
DETERMINATION DATE	20 July 2021
RENEWAL DATE	
NOTES:	