



Fife House North Street Glenrothes KY7 5LT Tel: 03451 55 11 22 Email: development.central@fife.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 100323116-005

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.

Site Address Details

Planning Authority:

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 the location of the site or sites

Northing

Easting

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 Agent

Agent Details

Please enter Agent details

Company/Organisation:	Roxburgh McEwan Architects		
Ref. Number:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
First Name: *	Elizabeth	Building Name:	<input type="text"/>
Last Name: *	Roxburgh	Building Number:	42
Telephone Number: *	01312293766	Address 1 (Street): *	Forbes Road
Extension Number:	<input type="text"/>	Address 2:	<input type="text"/>
Mobile Number:	<input type="text"/>	Town/City: *	Edinburgh
Fax Number:	<input type="text"/>	Country: *	UK
		Postcode: *	EH10 4ED
Email Address: *	info@roxburghmcewan.co.uk		

Is the applicant an individual or an organisation/corporate entity? *

Individual Organisation/Corporate entity

Applicant Details

Please enter Applicant details

Title:	Mr	You must enter a Building Name or Number, or both: *	
Other Title:	<input type="text"/>	Building Name:	Ferry Lodge
First Name: *	Chris	Building Number:	<input type="text"/>
Last Name: *	Hanna	Address 1 (Street): *	Ferry Road
Company/Organisation	<input type="text"/>	Address 2:	<input type="text"/>
Telephone Number: *	<input type="text"/>	Town/City: *	Earlsferry
Extension Number:	<input type="text"/>	Country: *	UK
Mobile Number:	<input type="text"/>	Postcode: *	KY9 1AJ
Fax Number:	<input type="text"/>		
Email Address: *	info@roxburghmcewan.co.uk		

Proposal/Application Details

Please provide the details of the original application(s) below:

Was the original application part of this proposal? *

Yes No

Application Details

Please select which application(s) the new documentation is related to.

Application: *

Document Details

Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters)

Checklist – Post Submission Additional Documentation

Please complete the following checklist to make sure you have provided all the necessary information in support of your application.

The additional documents have been attached to this submission. *

Yes No

Declare – Post Submission Additional Documentation

I/We the applicant/agent certify that this is a submission of Additional Documentation, and that all the information given in this submission is true to the best of my/the applicants knowledge.

Declaration Name: Mrs Elizabeth Roxburgh

Declaration Date: 18/01/2021