

 $ePlanning\ Centre\ Highland\ Council\ Glenurquhart\ Road\ Inverness\ IV3\ 5NX\ \ Tel:\ 01349\ 886\ 608\ \ Fax:\ 01463\ 702\ 298\ \ Email:\ eplanning@highland.gov.uk$ 

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 100340324-002

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.

your form is validated. I	Please quote this reference if you need to	contact the planning A	authority about this application.	
Site Address	Details			
Planning Authority:	Highland Council			
Full postal address of the	ne site (including postcode where availab	le):		
Address 1:	28 GEARY			
Address 2:	HALLIN			
Address 3:				
Address 4:				
Address 5:				
Town/City/Settlement:	ISLE OF SKYE			
Post Code:	IV55 8GQ			
Please identify/describe	e the location of the site or sites			
Northing	862016	Easting	126423	
	Agent Details an agent? * (An agent is an architect, co	insultant or someone el	se acting	
on behalf of the applica	nt in connection with this application)		☐ Applicant ☒ Agen	ıt

Agent Details						
Please enter Agent detail	s					
Company/Organisation:	Rural Design Ltd.					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Alan	Building Name:	Rural Design			
Last Name: *	Dickson	Building Number:				
Telephone Number: *	01478613379	Address 1 (Street): *	Mill Studio			
Extension Number:		Address 2:	Struan Road			
Mobile Number:		Town/City: *	Portree			
Fax Number:		Country: *	UK			
		Postcode: *	IV51 9EG			
Email Address: *	studio@ruraldesign.net					
Is the applicant an individual or an organisation/corporate entity? *  Individual Organisation/Corporate entity  Applicant Details						
Please enter Applicant de						
Title:	Mr	You must enter a Building Name or Number, or both: *				
Other Title:		Building Name:	Apartment 8			
First Name: *	Will	Building Number:	41			
Last Name: *	Scott	Address 1 (Street): *	Marine Parade			
Company/Organisation		Address 2:				
Telephone Number: *		Town/City: *	Tankerton			
Extension Number:		Country: *	UK			
Mobile Number:		Postcode: *	CT5 2BE			
Fax Number:						
Email Address: *	studio@ruraldesign.net					

Proposa	I/Application Details				
Please provide	the details of the original application(s) below:				
Was the origina	⊠ Yes □ No				
Applicat	ion Details				
Please select which application(s) the new documentation is related to.					
Application: *	100340324-001, application for Planning Permission, submitted on 15/	12/2020			
Docume	nt Details				
Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters)					
l — — — —	ormation requested by Planning				
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. *					
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 Nar	ne: Mr Alan Dickson				
Declaration Dat	e: 18/01/2021				