

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 100355648-002

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.

# **Site Address Details**

Planning Authority:	Highland Council			
Full postal address of th	ne site (including postcode where available):			
Address 1:	60 DRUMDEVAN PLACE			
Address 2:				
Address 3:				
Address 4:				
Address 5:				
Town/City/Settlement:	INVERNESS			
Post Code:	IV2 4DQ			
Please identify/describe the location of the site or sites				
Northing	842400	Easting	266185	
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)				

Agent Details			
Please enter Agent details	S		
Company/Organisation:	Blueprint Architecture		
Ref. Number:		You must enter a Bu	ilding Name or Number, or both: *
First Name: *	Duncan	Building Name:	
Last Name: *	MacDonald	Building Number:	19
Telephone Number: *	01862 892900	Address 1 (Street): *	High Street
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Tain
Fax Number:		Country: *	Scotland
		Postcode: *	IV19 1AB
Email Address: *	duncan@blueprintarchitecture.com		
Is the applicant an individ	ual or an organisation/corporate entity? *		
	nisation/Corporate entity		
Applicant Det	ails		
Please enter Applicant de	tails		
Title:	Ms	You must enter a Bu	ilding Name or Number, or both: *
Other Title:		Building Name:	
First Name: *	М	Building Number:	60
Last Name: *	Falconer	Address 1 (Street): *	Drumdevan Placeq
Company/Organisation	n/a	Address 2:	
Telephone Number: *		Town/City: *	Inverness
Extension Number:		Country: *	Scotland
Mobile Number:		Postcode: *	IV2 4DQ
Fax Number:			
Email Address: *	mail@blueprintarchitecture.com		

<b>Proposal/Application Details</b>
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Please provide the details of the original application(s) below:

Was the original application part of this proposal? \*

### **Application Details**

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

Application: \*

100355648-001, application for Householder Application, submitted on 27/01/2021

### **Document Details**

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

ASHP details

## 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 Name:

Mr Duncan MacDonald

Declaration Date: 02/02/2021

X Yes No

X Yes No