



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 100362516-002

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 the site (including postcode where available):

Address 1: SCORRAIG

Address 2: GREAT NORTH ROAD

Address 3:

Address 4:

Address 5:

Town/City/Settlement: MUIR OF ORD

Post Code: IV6 7XR

Please identify/describe the location of the site or sites

Northing

850529

Easting

252609

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:	David Blanchard MCIOB		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	David	Building Name:	Springwood
Last Name: *	Blanchard	Building Number:	
Telephone Number: *	01463870823	Address 1 (Street): *	Urray
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Muir of Ord
Fax Number:		Country: *	GB
		Postcode: *	IV6 7UL
Email Address: *	david.blanchard823@btinternet.com		
Is the applicant an individual or an organisation/corporate entity? *			
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Organisation/Corporate entity			

Applicant Details

Please enter Applicant details

Title:	Mr	You must enter a Building Name or Number, or both: *	
Other Title:		Building Name:	Scoraig
First Name: *	I. M.	Building Number:	
Last Name: *	MacDonald	Address 1 (Street): *	Great North Road
Company/Organisation		Address 2:	
Telephone Number: *		Town/City: *	Muir of Ord
Extension Number:		Country: *	United Kingdom
Mobile Number:		Postcode: *	IV6 7XR
Fax Number:			
Email Address: *			

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: *

100362516-001, application for Planning Permission, submitted on 08/02/2021

Document Details

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

Additional details requested and attached: Engineer's report justifying demolition of existing building Photographs Copy of NIBE F2040-8 Heat Pump info.

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: Mr David Blanchard

Declaration Date: 15/02/2021