



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 100363055-002

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:

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:	Gerald Eve LLP		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Laura	Building Name:	Welbeck Street
Last Name: *	Leaver	Building Number:	72
Telephone Number: *	02034863490	Address 1 (Street): *	72
Extension Number:		Address 2:	Welbeck Street
Mobile Number:		Town/City: *	London
Fax Number:		Country: *	United Kingdom
		Postcode: *	W1G 0AY
Email Address: *	lleaver@geraldeve.com		

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

Individual Organisation/Corporate entity

Applicant Details

Please enter Applicant details

Title:	Other	You must enter a Building Name or Number, or both: *	
Other Title:		Building Name:	Costa House
First Name: *	Costa	Building Number:	
Last Name: *	Limited	Address 1 (Street): *	HOUGHTON HALL BUSINESS
Company/Organisation	Costa Limited	Address 2:	HOUGHTON HALL BUSINESS
Telephone Number: *	02034863490	Town/City: *	DUNSTABLE
Extension Number:		Country: *	UNITED KINGDOM
Mobile Number:		Postcode: *	LU5 5YG
Fax Number:			
Email Address: *	lleaver@geraldeve.com		

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: Miss Laura Leaver

Declaration Date: 19/02/2021