



Kirkbank English Street Dumfries DG1 2HS Tel: 01387 260 199 Fax: 01387 260 188 Email: planning@dumgal.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 100394323-002

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:

Dumfries and Galloway Council

Full postal address of the site (including postcode where available):

Address 1:

WHEATCROFT FARM

Address 2:

GLENLOCHAR

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

CASTLE DOUGLAS

Post Code:

DG7 2LJ

Please identify/describe the location of the site or sites

Northing

563701

Easting

274640

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:	Norman Young		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Norman	Building Name:	
Last Name: *	Young	Building Number:	66
Telephone Number: *	01387253651	Address 1 (Street): *	Edinburgh Road
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Dumfries
Fax Number:		Country: *	Scotland
		Postcode: *	DG1 1JU
Email Address: *	margaret.norman66@btinternet.com		

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:		Building Name:	Wheatcroft Faem
First Name: *	Alister	Building Number:	
Last Name: *	Smith	Address 1 (Street): *	Wheatcroft
Company/Organisation:		Address 2:	
Telephone Number: *		Town/City: *	Castle Douglas
Extension Number:		Country: *	Scotland
Mobile Number:		Postcode: *	dg7 2lj
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: *

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: Mr Norman Young

Declaration Date: 14/04/2021