



Kirkbank English Street Dumfries DG1 2HS Tel: 01387 260 199 Fax: 01387 260 188 Email: [planning@dumgal.gov.uk](mailto: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 100395562-002

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:

3 SMITHY ROW

Address 2:

BACK ROAD

Address 3:

KIRTLEBRIDGE

Address 4:

Address 5:

Town/City/Settlement:

LOCKERBIE

Post Code:

DG11 3LZ

Please identify/describe the location of the site or sites

Northing

572780

Easting

323770

## 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:	Eden Design Associates		
Ref. Number:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
First Name: *	Michael	Building Name:	Strontian
Last Name: *	Sheppard	Building Number:	<input type="text"/>
Telephone Number: *	01461500652	Address 1 (Street): *	Kirtlebridge
Extension Number:	<input type="text"/>	Address 2:	<input type="text"/>
Mobile Number:	<input type="text"/>	Town/City: *	Lockerbie
Fax Number:	<input type="text"/>	Country: *	Dumfries and Galloway
		Postcode: *	DG11 3LZ
Email Address: *	m.sheppard218@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:	<input type="text"/>	Building Name:	SEMI DETACHED COTTAGE
First Name: *	MICHAEL	Building Number:	3
Last Name: *	FRIELS	Address 1 (Street): *	SMITHY ROW
Company/Organisation	<input type="text"/>	Address 2:	KIRTLEBRIDGE
Telephone Number: *	<input type="text"/>	Town/City: *	LOCKERBIE
Extension Number:	<input type="text"/>	Country: *	DUMFRIES AND GALLOWAY
Mobile Number:	<input type="text"/>	Postcode: *	DG11 3LZ
Fax Number:	<input type="text"/>		
Email Address: *	<input type="text"/>		

## 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)

OMITTED TO SUBMIT MAIN PLANNING DRAWING

## 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 Michael Sheppard

Declaration Date: 14/04/2021