



*Dumfries
& Galloway*
C O U N C I L

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 100411325-002

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:

LOW KILLANTRE

Address 2:

PORT WILLIAM

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

NEWTON STEWART

Post Code:

DG8 9QR

Please identify/describe the location of the site or sites

Northing

545734

Easting

233144

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:	Evans Rural Architecture		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Lindsey	Building Name:	Ropeworks
Last Name: *	Evans	Building Number:	
Telephone Number: *	07793 814830	Address 1 (Street): *	Garlieston
Extension Number:		Address 2:	
Mobile Number:	07793814830	Town/City: *	Newton Stewart
Fax Number:		Country: *	United Kingdom
		Postcode: *	DG8 8BU
Email Address: *	mail@evansrural.co.uk		

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:	Elrig Farm
First Name: *	J S	Building Number:	
Last Name: *	Gerrish	Address 1 (Street): *	Port William
Company/Organisation		Address 2:	
Telephone Number: *		Town/City: *	Newton Stewart
Extension Number:		Country: *	Wigtownshire
Mobile Number:		Postcode: *	DG8 9RB
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: * 100411325-001, application for Planning Permission, submitted on 12/05/2021

Document Details

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

Invalid letter received, requesting additional information/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. *

☒ 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 Lindsey Evans

Declaration Date: 23/06/2021