

Planning Services 231 George Street GLASGOW G1 1RX Tel: 0141 287 8555 Email: onlineplanning@glasgow.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

100294634-011

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:	Glasgow City Council					
Full postal address of the	ne site (including postcode where availab	le):				
Address 1:	35 MAIN STREET					
Address 2:						
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	BAILLIESTON					
Post Code:	GLASGOW					
Please identify/describe	e the location of the site or sites					
Northing	663921	Easting	267835			
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  Applicant						
on behalf of the applicant in connection with this application)   Applicant   Applicant						

Agent Details							
Please enter Agent details							
Company/Organisation:	Abbey Architectural Services Ltd						
Ref. Number:		You must enter a Building Name or Number, or both: *					
First Name: *	Cameron	Building Name:	Suite 2005, Abbeymill Business Centre				
Last Name: *	Ferguson	Building Number:					
Telephone Number: *	0141 848 9708	Address 1 (Street): *	12 Seedhill Road				
Extension Number:		Address 2:					
Mobile Number:		Town/City: *	Paisley				
Fax Number:		Country: *	Scotland				
		Postcode: *	PA1 1JS				
Email Address: *	enquiries@abbeyarchitectural.com						
Is the applicant an individual or an organisation/corporate entity? *  Individual  Organisation/Corporate entity							
Applicant Det							
Please enter Applicant de							
Title:	Other	You must enter a Building Name or Number, or both: *					
Other Title:	Mr	Building Name:					
First Name: *	Mohsin	Building Number:	29				
Last Name: *	Haq	Address 1 (Street): *	Main Street				
Company/Organisation		Address 2:					
Telephone Number: *		Town/City: *	Baillieston				
Extension Number:		Country: *	Scotland				
Mobile Number:		Postcode: *	G69 6SQ				
Fax Number:							
Email Address: *	cameron@abbeyarchitectural.com						

Proposa	l/Application Details				
Please provide	the details of the original application(s) below:				
Was the origina	☒ Yes ☐ No				
	cion Details  which application(s) the new documentation is related to.				
Application: *	100294634-010, application for Planning Permission, submitted on 13/07/202	21			
	nt Details	<u>'</u>			
Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters)					
TO COMPLY	WITH POINTS RAISED BY VALIDATION OFFICER.				
Checklis	st – Post Submission Additional Documen	tation			
Please complet	te the following checklist to make sure you have provided all the necessary info	ormation in support of your application.			
The additional documents have been attached to this submission.*					
Declare	<ul> <li>Post Submission Additional Documenta</li> </ul>	tion			
	ant/agent certify that this is a submission of Additional Documentation, and that rue to the best of my/the applicants knowledge.	all the information given in this			
Declaration Na	me: Mr Cameron Ferguson				
Declaration Dat	te: 22/07/2021				