



Planning & Building Standards 231 George Street GLASGOW G1 1RX Tel: 0141 287 8555 Email: [onlineplanning@glasgow.gov.uk](mailto: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 100343125-003

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 site (including postcode where available):

Address 1:

73 HAMILTON ROAD

Address 2:

MOUNT VERNON

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

GLASGOW

Post Code:

G32 9QN

Please identify/describe the location of the site or sites

Northing

662886

Easting

265169

## 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:	Archiplan Glasgow		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Joe	Building Name:	Clyde Offices
Last Name: *	Quinn MBA, BSc(Hons), MRICS	Building Number:	48
Telephone Number: *		Address 1 (Street): *	West George Street (2nd Floor)
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Glasgow
Fax Number:		Country: *	Scotland
		Postcode: *	G2 1BP
Email Address: *			
Is the applicant an individual or an organisation/corporate entity? *			
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> 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:	
First Name: *	L	Building Number:	73
Last Name: *	Cassiday	Address 1 (Street): *	Hamilton Road
Company/Organisation		Address 2:	
Telephone Number: *		Town/City: *	Glasgow
Extension Number:		Country: *	Scotland
Mobile Number:		Postcode: *	G32 9QN
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:

Declaration Date: