



Fleming House 2 Tryst Road Cumbernauld G67 1JW Tel: 01236 632500 Fax: 01698 302115 Email: esPlanning@northlan.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 100445538-002

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: North Lanarkshire Council

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

Address 1: 18 NEWTON DRIVE

Address 2: NEWMAINS

Address 3:

Address 4:

Address 5:

Town/City/Settlement: WISHAW

Post Code: ML2 9DB

Please identify/describe the location of the site or sites

Northing

656182

Easting

282239

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:	Burrell Design Studios		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	David	Building Name:	No4 Silvermuir Holding
Last Name: *	Graham	Building Number:	
Telephone Number: *	01555870377	Address 1 (Street): *	Ravenstruther
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Lanark
Fax Number:		Country: *	Scotland
		Postcode: *	ML11 7SD
Email Address: *	burrell-design@btconnect.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:	
First Name: *	Gary	Building Number:	18
Last Name: *	Gibson	Address 1 (Street): *	Newton Drive
Company/Organisation		Address 2:	
Telephone Number: *		Town/City: *	Newmains
Extension Number:		Country: *	Wishaw
Mobile Number:		Postcode: *	ML2 9DB
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: * 100445538-001, application for Householder Application, submitted on 15/07/2021

Document Details

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

Additional information as requested

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 David Graham

Declaration Date: 16/08/2021