



Fife House North Street Glenrothes KY7 5LT Tel: 03451 55 11 22 Email: development.central@fife.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 100456390-002

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: Fife Council

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

Address 1: EASTHOLME

Address 2: NEW ROAD

Address 3: FALKLAND

Address 4:

Address 5:

Town/City/Settlement: CUPAR

Post Code: KY15 7DB

Please identify/describe the location of the site or sites

Northing

707556

Easting

325458

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:	Kyla Martin Architectural Service		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Kyla	Building Name:	
Last Name: *	Martin	Building Number:	97
Telephone Number: *	0131 629 0060	Address 1 (Street): *	Newington Road
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Edinburgh
Fax Number:		Country: *	Scotland
		Postcode: *	EH9 1QW
Email Address: *	admin@kylamartinarchitecturalservices.co.uk		

Is the applicant an individual or an organisation/corporate entity? *

☒ Individual ☐ Organisation/Corporate entity

Applicant Details

Please enter Applicant details

Title:	Mrs	You must enter a Building Name or Number, or both: *	
Other Title:		Building Name:	Eastholme
First Name: *	Ros	Building Number:	
Last Name: *	Watson	Address 1 (Street): *	New Road
Company/Organisation		Address 2:	Falkland
Telephone Number: *		Town/City: *	Cupar
Extension Number:		Country: *	Scotland
Mobile Number:		Postcode: *	KY15 7DB
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: * 100456390-001, application for Householder Application, submitted on 16/08/2021

Document Details

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

Scale bar added to drawings

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 Kyla Martin

Declaration Date: 23/08/2021