



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 100471244-003

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:

Fife Council

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

Address 1:

10 LOW ROAD

Address 2:

AUCHTERMUCHTY

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

CUPAR

Post Code:

KY14 7AU

Please identify/describe the location of the site or sites

Northing

711518

Easting

323634

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:

Ref. Number:

You must enter a Building Name or Number, or both: *

First Name: *

Jessica

Building Name:

Astley Signs

Last Name: *

Richardson

Building Number:

Telephone Number: *

0333 230 0440

Address 1
(Street): *

Redforrest House

Extension Number:

Address 2:

Queens Court North

Mobile Number:

Town/City: *

Gateshead

Fax Number:

Country: *

Tyne and Wear

Postcode: *

NE11 0BP

Email Address: *

jessica.richardson@astley-uk.com

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

Individual

Organisation/Corporate entity

Applicant Details

Please enter Applicant details

Title:

You must enter a Building Name or Number, or both: *

Other Title:

Building Name:

Co-op

First Name: *

Building Number:

Last Name: *

Address 1
(Street): *

5th Floor

Company/Organisation

Co-op

Address 2:

1 Angel Square

Telephone Number: *

03332300440

Town/City: *

Manchester

Extension Number:

Country: *

United Kingdom

Mobile Number:

03332300440

Postcode: *

M60 0AG

Fax Number:

Email Address: *

jessica.richardson@astley-uk.com

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: Miss Jessica Richardson

Declaration Date: 27/09/2021