

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

100481362-003

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.

gent Details				
ease enter Agent detai	ils			
ompany/Organisation:				
Ref. Number:		You must enter a B	You must enter a Building Name or Number, or both: *	
First Name: *	william	Building Name:	Balvalachlan Farm	
ast Name: *	harley	Building Number:		
elephone Number: *	07487509590	Address 1 (Street): *	Balvalachlan Farm.	
extension Number:		Address 2:		
Mobile Number:		Town/City: *	Callander	
ax Number:		Country: *	Scotland	
		Postcode: *	fk17 8jj	
Email Address: *	billharley53@gmail.com			
X Individual Orga	dual or an organisation/corporal	te entity? *		
⊠ Individual □ Orga	anisation/Corporate entity	te entity? *		
Applicant Det	anisation/Corporate entity tails			
Name	anisation/Corporate entity		uilding Name or Number, or both: *	
■ Individual □ Orga Applicant Detection Please enter Applicant detection in the control of the	anisation/Corporate entity tails		uilding Name or Number, or both: * balvalachlan	
■ Individual □ Orga Applicant Det Please enter Applicant de Title: Other Title:	anisation/Corporate entity tails	You must enter a B		
Applicant Det Please enter Applicant de Title: Other Title:	tails etails Mr	You must enter a B Building Name:		
X Individual Orga	tails etails Mr william	You must enter a B Building Name: Building Number: Address 1	balvalachlan	
Applicant Det Please enter Applicant de Title: Other Title: First Name: *	tails etails Mr william	You must enter a B Building Name: Building Number: Address 1 (Street): *	balvalachlan Balvalachlan Farm, Mollinds	
Applicant Det Please enter Applicant de ittle: Other Title: erst Name: * company/Organisation felephone Number: *	tails etails Mr william	You must enter a B Building Name: Building Number: Address 1 (Street): *	Balvalachlan Farm, Mollinds Balvalachlan Farm, M, Mollinds	
Applicant Det Please enter Applicant de Title: Other Title: First Name: * Company/Organisation Telephone Number: *	tails etails Mr william	You must enter a B Building Name: Building Number: Address 1 (Street): * Address 2: Town/City: *	Balvalachlan Farm, Mollinds Balvalachlan Farm, M, Mollinds Callander	
Applicant Det Please enter Applicant de Title: Other Title: First Name: * Company/Organisation	tails etails Mr william	You must enter a B Building Name: Building Number: Address 1 (Street): * Address 2: Town/City: *	Balvalachlan Farm, Mollinds Balvalachlan Farm, M, Mollinds Callander United Kingdom	

Proposal	/Application Details	
Please provide t	he details of the original application(s) below:	
Was the original	application part of this proposal? *	⊠ Yes □ No
	ion Details nich application(s) the new documentation is related to.	
Application: *	100481362-001, application for Planning Permission, submitted	ted on 08/10/2021
Docume	nt Details	
Please provide a	an explanation as to why the documentation is being attached	after the original application was submitted: * (Max 500
Request from	planning dept for more information.	
Checklis	t – Post Submission Additional D	ocumentation
Please complete	the following checklist to make sure you have provided all the	e necessary information in support of your application,
The additional de	ocuments have been attached to this submission. *	⊠ Yes □ No
Declare -	- Post Submission Additional Do	cumentation
	nt/agent certify that this is a submission of Additional Documer ue to the best of my/the applicants knowledge.	ntation, and that all the information given in this
Declaration Nam	ne: Mr William Harley	
Declaration Date	25/10/2021	