

Planning Services 231 George Street GLASGOW G1 1RX Tel: 0141 287 8555 Email: 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 100453587-002

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.

Planning Authority:	Glasgow City Council				
	the site (including postcode where availab	le):			
Address 1:	1009 ARGYLE STREET				
Address 2:					
Address 3:					
Address 4:					
Address 5:					
Town/City/Settlement:	GLASGOW				
Post Code:	G3 8LZ				
Please identify/describ	e the location of the site or sites				
Northing	665745	Easting	257323		
Applicant or	Agent Details				
Are you an applicant o	r an agent? * (An agent is an architect, co	nsultant or someone else a	acting		

Agent Details	1					
Please enter Agent details						
Company/Organisation:	Lead Structural Ltd					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Hashir	Building Name:				
Last Name: *	Raihan	Building Number:	24			
Telephone Number: *		Address 1 (Street): *	Potterhill Road			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Glasgow			
Fax Number:		Country: *	United Kingdom			
		Postcode: *	G53 5RR			
Email Address: *						
Is the applicant an individual or an organisation/corporate entity? *  Individual  Organisation/Corporate entity						
Applicant Det	ails					
Please enter Applicant de	etails					
Title:	Mr	You must enter a Building Name or Number, or both: *				
Other Title:		Building Name:	1009			
First Name: *	Rami	Building Number:				
Last Name: *	Hani	Address 1 (Street): *	Argyle Street			
Company/Organisation		Address 2:				
Telephone Number: *		Town/City: *	Glasgow City Centre			
Extension Number:		Country: *	United Kingdom			
Mobile Number:		Postcode: *	G38LZ			
Fax Number:						
Email Address: *						

Proposa	ıl/Application Details				
Please provide	the details of the original application(s) below:				
Was the origina	al application part of this proposal? *	🛛 Yes 🗌 No			
Applicat	ion Details				
Please select which application(s) the new documentation is related to.					
Application: *	100453587-001, application for Planning Permission, submitted on 09/08/20	021			
Docume	nt Details				
Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters)					
Points					
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.*					
Declare	<ul> <li>Post Submission Additional Documenta</li> </ul>	ıtion			
	ant/agent certify that this is a submission of Additional Documentation, and tha rue to the best of my/the applicants knowledge.	at all the information given in this			
Declaration Nar	me: Mr Hashir Raihan				
Declaration Dat	te: 10/09/2021				