

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 100530845-002

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	s Details					
Planning Authority:	North Lanarkshire Council	North Lanarkshire Council				
Full postal address of the	ne site (including postcode where availab	ole):				
Address 1:	215 WISHAW ROAD					
Address 2:	WATERLOO					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	WISHAW					
Post Code:	ML2 8ES					
Please identify/describe the location of the site or sites						
Northing	653822	Easting	281128			
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)  Someone else acting the applicant in connection with this application to the applicant in connection with this application.						

Agent Details						
Please enter Agent details						
Company/Organisation:						
Ref. Number:	22/00123/FUL	You must enter a Building Name or Number, or both: *				
First Name: *	William	Building Name:				
Last Name: *	Hetherton	Building Number:	150			
Telephone Number: *	07703475936	Address 1 (Street): *	Manse Road			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Motherwell			
Fax Number:		Country: *	Scotland			
		Postcode: *	ML1 2PY			
Email Address: *	hetherton@hotmail.co.uk					
Is the applicant an individual or an organisation/corporate entity? * $ T  \text{Individual} \leq  \text{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: *	Kenneth	Building Number:	215			
Last Name: *	Millar	Address 1 (Street): *	Wishaw Road			
Company/Organisation		Address 2:				
Telephone Number: *		Town/City: *	Wishaw			
Extension Number:		Country: *	Scotland			
Mobile Number:		Postcode: *	ML2 8ES			
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? \*

T Yes  $\leq$  No

# **Application Details**

Please select which application(s) the new documentation is related to.

Application: \*

100530845-001, application for Planning Permission, submitted on 04/02/2022

#### **Document Details**

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

A request for this additional information was received to allow the application to be registered.

## **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. \*

T Yes  $\leq$  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 William Hetherton

Declaration Date: 08/02/2022