



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 100531200-003

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:

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

Address 1:

Address 2:

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

Post Code:

Please identify/describe the location of the site or sites

Northing

Easting

### 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:	Enspire Architects Ltd		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Mark	Building Name:	Office 29, Alloa Business Ctr
Last Name: *	Tomkinson	Building Number:	
Telephone Number: *	01259 213133	Address 1 (Street): *	Whins Rd
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Alloa
Fax Number:		Country: *	Clackmannanshire
		Postcode: *	FK10 3SA
Email Address: *	mark@enspire-architects.co.uk		

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

Individual  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:	Office 29
First Name: *	Mark	Building Number:	
Last Name: *	Tomkinson	Address 1 (Street): *	Alloa Business Ctr
Company/Organisation	Enspire Architects Ltd	Address 2:	Whins Rd
Telephone Number: *		Town/City: *	Alloa
Extension Number:		Country: *	United Kingdom
Mobile Number:		Postcode: *	fk10 3sa
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: \*

## 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: Mr Mark Tomkinson

Declaration Date: 14/02/2022