



Fleming House 2 Tryst Road Cumbernauld G67 1JW Tel: 01236 632500 Fax: 01698 302115 Email: [esPlanning@northlan.gov.uk](mailto: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 100477555-002

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 Details

Planning Authority: North Lanarkshire Council

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

Address 1: 33 SKYLARK WYND

Address 2:

Address 3:

Address 4:

Address 5:

Town/City/Settlement: MOTHERWELL

Post Code: ML1 1AP

Please identify/describe the location of the site or sites

Northing

657830

Easting

277475

## 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:	Earnock builders		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	i	Building Name:	
Last Name: *	reid	Building Number:	13a
Telephone Number: *	01698902010	Address 1 (Street): *	scott grove
Extension Number:		Address 2:	scott grove
Mobile Number:	01698902010	Town/City: *	Hamilton
Fax Number:		Country: *	United Kingdom
		Postcode: *	ML3 6rg
Email Address: *	enquiries@earnockbuilders.com		

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:	
First Name: *	b	Building Number:	33
Last Name: *	rushford	Address 1 (Street): *	skylark wynd
Company/Organisation		Address 2:	skylark wynd
Telephone Number: *		Town/City: *	motherwell
Extension Number:		Country: *	United Kingdom
Mobile Number:		Postcode: *	ml1 1ap
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: \* 100477555-001, application for Householder Application, submitted on 23/09/2021

## Document Details

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

a little longer at rear

## 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 Ian Reid

Declaration Date: 02/11/2021