

Fife House North Street Glenrothes KY7 5LT Email: development.central@fife.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

100541817-002

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:	Fife Council				
Full postal address of the site (including postcode where available):					
Address 1:	KATHELLAN				
Address 2:	HOME FARM				
Address 3:	UNSPECIFIED				
Address 4:					
Address 5:					
Town/City/Settlement:	KELTY				
Post Code:	KY4 0JR				
Please identify/describe the location of the site or sites					
Northing	693725	Easting	313354		
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)					

Agent Details					
Please enter Agent detail	s				
Company/Organisation:	Graham + Sibbald				
Ref. Number:		You must enter a Building Name or Number, or both: *			
First Name: *	Murray	Building Name:			
Last Name: *	Rankin	Building Number:	233		
Telephone Number: *	0141 332 1194	Address 1 (Street): *	St Vincent Street		
Extension Number:		Address 2:			
Mobile Number:		Town/City: *	Glasgow		
Fax Number:		Country: *	UK		
		Postcode: *	G2 5QY		
Email Address: *	murray.rankin@g-s.co.uk				
Is the applicant an individual or an organisation/corporate entity? * Individual Organisation/Corporate entity					
Applicant Det					
Please enter Applicant de Title:	etaiis	You must enter a B	uilding Name or Number, or both: *		
Other Title:		Building Name:	Kathellan		
First Name: *		Building Number:			
Last Name: *		Address 1 (Street): *	Home Farm		
Company/Organisation	Mr Ian MacIellan/TG Convenience	Address 2:			
Telephone Number: *		Town/City: *	Kelty		
Extension Number:		Country: *	Scotland		
Mobile Number:		Postcode: *	KY4 0JR		
Fax Number:					
Email Address: *	murray.rankin@g-s.co.uk				

Proposal/Application Details				
Please provide	the details of the original application(s) below:			
Was the origina	I application part of this proposal? *	⊠ Yes □ No		
Applicat	ion Details			
Please select which application(s) the new documentation is related to.				
Application: *	100541817-001, application for Planning Permission, submitted on 3	1/03/2022		
Document Details				
Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters)				
 	Levels and additional information within Drainage Strategy requested b	y Fife Council in validation letter		
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 – 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 Nar	ne: Mr Murray Rankin			
Declaration Dat	e: 12/04/2022			