

Pullar House 35 Kinnoull Street Perth PH1 5GD Tel: 01738 475300 Fax: 01738 475310 Email: onlineapps@pkc.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

100519986-002

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:	Perth and Kinross Council				
Full postal address of the	ne site (including postcode where availab	le):			
Address 1:	SHIERGLAS QUARRY				
Address 2:	STRATHGARRY				
Address 3:					
Address 4:					
Address 5:					
Town/City/Settlement:	PITLOCHRY				
Post Code:	PH16 5LL				
Please identify/describe the location of the site or sites					
Northing	764167	Easting	288359		
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 Applicant					

Agent Details					
Please enter Agent detail	s				
Company/Organisation:	Johnson Poole & Bloomer	Johnson Poole & Bloomer			
Ref. Number:		You must enter a Building Name or Number, or both: *			
First Name: *	Michael	Building Name:			
Last Name: *	Galt	Building Number:	50		
Telephone Number: *	0141 331 1456	Address 1 (Street): *	Speirs Wharf		
Extension Number:		Address 2:			
Mobile Number:		Town/City: *	Glasgow		
Fax Number:		Country: *	Scotland		
		Postcode: *	G4 9TH		
Email Address: *	michael.galt@jpbscotland.co.uk				
Is the applicant an individual or an organisation/corporate entity? * Individual Organisation/Corporate entity					
Applicant Details					
Please enter Applicant de	etails				
Title:	Mr	You must enter a Building Name or Number, or both: *			
Other Title:		Building Name:	Ethiebeaton Quarry		
First Name: *	Gavin	Building Number:			
Last Name: *	Mennie	Address 1 (Street): *	Kingennie		
Company/Organisation	Breedon Northern Limited	Address 2:			
Telephone Number: *		Town/City: *	Monifieth		
Extension Number:		Country: *	United Kingdom		
Mobile Number:		Postcode: *	DD5 3RB		
Fax Number:					
Email Address: *	gavin.mennie@breedongroup.com				

Proposa	I/Application Details				
Please provide	the details of the original application(s) below:				
Was the origina	I application part of this proposal? *	X Yes ☐ No			
Applicat	ion Details				
Please select which application(s) the new documentation is related to.					
Application: *	100519986-001, application for Planning Permission, submitted on 09	9/03/2022			
Document Details					
Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters)					
Additional information requested by Perth & Kinross Council					
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 Michael Galt				
Declaration Dat	e: 31/03/2022				