



Montrose House 154 Montrose Crescent Hamilton ML3 6LB Tel: 0303 123 1015 Email: planning@southlanarkshire.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 100541522-002

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:

South Lanarkshire Council

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

Address 1:

DEPOT

Address 2:

CRAWFORD

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

BIGGAR

Post Code:

ML12 6RH

Please identify/describe the location of the site or sites

Northing

619440

Easting

296147

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:	Robinsons		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Alistair	Building Name:	Robinsons
Last Name: *	Gowan	Building Number:	
Telephone Number: *	01576 205905	Address 1 (Street): *	Broomhouses 2 Ind Est
Extension Number:		Address 2:	Glasgow Road
Mobile Number:		Town/City: *	Lockerbie
Fax Number:		Country: *	Scotland
		Postcode: *	DG11 2SD
Email Address: *	alistair.gowan@rbscotland.com		

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

Individual Organisation/Corporate entity

Applicant Details

Please enter Applicant details

Title:	Mrs	You must enter a Building Name or Number, or both: *	
Other Title:		Building Name:	ORIGINAL GERMAN SAUSAGE
First Name: *	R	Building Number:	
Last Name: *	SMITH	Address 1 (Street): *	2 LEGGATE WALL
Company/Organisation	ORIGINAL GERMAN SAUSAGE LTD	Address 2:	
Telephone Number: *		Town/City: *	BELLSHILL
Extension Number:		Country: *	SCOTLAND
Mobile Number:		Postcode: *	ML4 3GG
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: * 100541522-001, application for Planning Permission, submitted on 16/03/2022

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 IN LETTER FROM PLANNING

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 Alistair Gowan

Declaration Date: 06/04/2022