



Montrose House 154 Montrose Crescent Hamilton ML3 6LB Tel: 0303 123 1015 Email: [planning@southlanarkshire.gov.uk](mailto: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 100560402-002

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:

6 ROSEBANK GARDENS

Address 2:

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

STRATHAVEN

Post Code:

ML10 6HU

Please identify/describe the location of the site or sites

Northing

644409

Easting

268999

## 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:	Angus Design Associates		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Angus Design	Building Name:	The Building Design Centre
Last Name: *	Associates	Building Number:	125
Telephone Number: *	01698 421210	Address 1 (Street): *	Muir Street
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Hamilton
Fax Number:		Country: *	Scotland
		Postcode: *	ML3 6BJ
Email Address: *	mail@angusarchitects.co.uk		

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:	
First Name: *	Carly	Building Number:	6
Last Name: *	Thomson	Address 1 (Street): *	Rosebank Gardens
Company/Organisation		Address 2:	
Telephone Number: *		Town/City: *	Strathaven
Extension Number:		Country: *	Scotland
Mobile Number:		Postcode: *	ML10 6HU
Fax Number:			
Email Address: *	mail@angusarchitects.co.uk		

## 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: ADA Angus Design Associates

Declaration Date: 11/05/2022