



ePlanning Centre Highland Council Glenurquhart Road Inverness IV3 5NX Tel: 01349 886 608 Fax: 01463 702 298 Email: eplanning@highland.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 100527422-002

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:

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

Address 1:

Address 2:

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

Post Code:

Please identify/describe the location of the site or sites

Northing

Easting

## 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:	Great Glen Designs - Architectural Services		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	William	Building Name:	
Last Name: *	Lees	Building Number:	22
Telephone Number: *	07983636192	Address 1 (Street): *	Old School Court
Extension Number:		Address 2:	Lochyside
Mobile Number:		Town/City: *	Fort William
Fax Number:		Country: *	Inverness Shire
		Postcode: *	PH33 7DG
Email Address: *	great.glen.designs@gmail.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:	LAIMHRIG
First Name: *	DAVE	Building Number:	
Last Name: *	BREAKINGBURY	Address 1 (Street): *	LUIB
Company/Organisation		Address 2:	BROADFORD
Telephone Number: *		Town/City: *	ISLE OF SKYE
Extension Number:		Country: *	SCOTLAND
Mobile Number:		Postcode: *	IV49 9AN
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: \*

## 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: Mr William Lees

Declaration Date: 17/03/2022