

Civic Centre Windmillhill Street Motherwell ML1 1AB Tel: 01236 632500 Fax: 01698 302115 Email: esPlanning@northlan.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 100647032-002

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:	North Lanarkshire Council	North Lanarkshire Council				
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						
14 North Bridge Street (Hebron Hall) Airdire ML6 6NE						
Northing	665752	Easting	276023			
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) \leq Applicant T Agent						

Agent Details					
Please enter Agent details					
Company/Organisation:	SGA Studio				
Ref. Number:		You must enter a Building Name or Number, or both: *			
First Name: *	Stephen	Building Name:			
Last Name: *	Govan	Building Number:	272		
Telephone Number: *		Address 1 (Street): *	Bath Street		
Extension Number:		Address 2:			
Mobile Number:		Town/City: *	Glasgow		
Fax Number:		Country: *	UK		
		Postcode: *	G2 4JR		
Email Address: *					
Is the applicant an individual or an organisation/corporate entity? * $ T \text{Individual} \leq \text{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:	care of SGA Studio		
First Name: *	Sharaz	Building Number:	272		
Last Name: *	Javed	Address 1 (Street): *	Bath Street		
Company/Organisation		Address 2:			
Telephone Number: *		Town/City: *	Glasgow		
Extension Number:		Country: *	UK		
Mobile Number:		Postcode: *	G2 4JR		
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? *

T Yes \leq No

Application Details

Please select which application(s) the new documentation is related to.

Application: *

100647032-001, application for Planning Permission, submitted on 02/10/2023

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

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. *

T Yes \leq 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 Stephen Govan

Declaration Date: 18/10/2023