

Agent Details				
Please enter Agent details				
Company/Organisation:				
Ref. Number:		You must enter a Building Name or Number, or both: *		
First Name: *	Declan	Building Name:	Ellismuir House	
Last Name: *	Hendrie	Building Number:		
Telephone Number: *	01698 451295	Address 1 (Street): *	Ellismuir Way	
Extension Number:		Address 2:		
Mobile Number:		Town/City: *	Uddingston	
Fax Number:		Country: *	United Kingdom	
		Postcode: *	G71 5PW	
Email Address: *	declan@abode-architects.co.uk			
Please enter Applicant de	etails			
Title:	Other	You must enter a Building Name or Number, or both: *		
Other Title:	Mr & Mrs	Building Name:		
First Name: *	Steven & Linzi	Building Number:	95	
Last Name: *	Kane	Address 1 (Street): *	Brownlee Road	
Company/Organisation		Address 2:		
Telephone Number: *		Town/City: *	Law	
Extension Number:		Country: *	Scotland	
Mobile Number:		Postcode: *	ML8 5JD	
Fax Number:				
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Proposa	al/Application Details	
Please provide	the details of the original application(s) below:	
Was the original application part of this proposal? *		⊠ Yes □ No
	tion Details which application(s) the new documentation is related to.	
Application: *	100648362-001, application for Householder Application, submitted on 13	3/10/2023
Additional inf	formation provided in response to invalid letter issued by Planning.	
Checklis	st – Post Submission Additional Docume	ntation
Please complet	te 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 Document	tation
	ant/agent certify that this is a submission of Additional Documentation, and t rue to the best of my/the applicants knowledge.	hat all the information given in this
Declaration Na	me: Mr Declan Hendrie	
Declaration Da	te: 24/10/2023	