

Fife House North Street Glenrothes KY7 5LT Email: development.central@fife.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

100650166-002

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:	Fife Council				
Full postal address of the site (including postcode where available):					
Address 1:	10 ARKAIG DRIVE				
Address 2:	CROSSFORD				
Address 3:					
Address 4:					
Address 5:					
Town/City/Settlement:	DUNFERMLINE				
Post Code:	KY12 8YN				
Please identify/describe the location of the site or sites					
Northing	685942	Easting	306921		
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)					

Agent Details						
Please enter Agent details						
Company/Organisation:	Andrew Allan Architecture Ltd					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Andrew	Building Name:	AYE House			
Last Name: *	Allan	Building Number:				
Telephone Number: *	01383730500	Address 1 (Street): *	Admiralty Park			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Dunfermline			
Fax Number:		Country: *	UK			
		Postcode: *	KY11 2YW			
Email Address: *	info@andrewallanarchitecture.com					
Is the applicant an individual or an organisation/corporate entity? * Individual Organisation/Corporate entity						
Applicant Det						
Please enter Applicant de						
Title:	Mrs	You must enter a Building Name or Number, or both: *				
Other Title:		Building Name:				
First Name: *	Е	Building Number:	10			
Last Name: *	Douglas	Address 1 (Street): *	Arkaig Drive			
Company/Organisation		Address 2:				
Telephone Number: *		Town/City: *	Crossford			
Extension Number:		Country: *	Scotland			
Mobile Number:		Postcode: *	KY12 8YN			
Fax Number:						
Email Address: *	info@andrewallanarchitecture.com					

Proposa	I/Application Details				
Please provide	the details of the original application(s) below:				
Was the origina	X Yes □ No				
	ion Details				
Please select w	Please select which application(s) the new documentation is related to.				
Application: *	100650166-001, application for Householder Application, submitted on 01/	11/2023			
Docume	nt Details				
Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters)					
Additional inf	ormation requested (Wrong Sheet Uploaded)				
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. *		X Yes □ No			
Declare	 Post Submission Additional Documenta 	ation			
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 Nar	ne: Mr Andrew Allan				
Declaration Dat	re: 02/11/2023				