



Floor 6, Council Offices Almada Street Hamilton ML3 0AA 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 100647402-002

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:

Address 2:

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

Post Code:

Please identify/describe the location of the site or sites

KG STadium, Devlin Grove, Blantyre, South Lanarkshire

Northing

657496

Easting

269521

## 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: | <input type="text" value="Mr"/>                         |  |   |
| Ref. Number:          | <input type="text"/>                                    | You must enter a Building Name or Number, or both: * |   |
| First Name: *         | <input type="text" value="David"/>                      | Building Name:                                       | <input type="text"/>                          |
| Last Name: *          | <input type="text" value="Craig"/>                      | Building Number:                                     | <input type="text" value="108"/>              |
| Telephone Number: *   | <input type="text" value="07525375956"/>                | Address 1 (Street): *                                | <input type="text" value="108 Clyde Street"/> |
| Extension Number:     | <input type="text"/>                                    | Address 2:   | <input type="text"/>                          |
| Mobile Number:        | <input type="text"/>                                    | Town/City: *   | <input type="text" value="CARLUKE"/>          |
| Fax Number:           | <input type="text"/>                                    | Country: *   | <input type="text" value="United Kingdom"/>   |
|                       |   | Postcode: *  | <input type="text" value="M18 5bg"/>          |
| Email Address: *      | <input type="text" value="davidcraig770321@gmail.com"/> |  |   |

Is the applicant an individual or an organisation/corporate entity? \*

Individual  Organisation/Corporate entity

## Applicant Details

Please enter Applicant details

|                      |   |  |   |
|----------------------|---|--|---|
| Title:               | <input type="text" value="Mr"/>                               | You must enter a Building Name or Number, or both: * |   |
| Other Title:         | <input type="text"/>  | Building Name:                                       | <input type="text" value="Castle Park"/>    |
| First Name: *        | <input type="text" value="Grant"/>                            | Building Number:                                     | <input type="text"/>                        |
| Last Name: *         | <input type="text" value="Rafferty"/>                         | Address 1 (Street): *                                | <input type="text" value="Devlin Grove"/>   |
| Company/Organisation | <input type="text" value="Blantyre Victoria Community Club"/> | Address 2:   | <input type="text" value="Devlin Grove"/>   |
| Telephone Number: *  | <input type="text" value="REDACTED"/>                         | Town/City: *   | <input type="text" value="Blantyre"/>       |
| Extension Number:    | <input type="text"/>  | Country: *   | <input type="text" value="United Kingdom"/> |
| Mobile Number:       | <input type="text"/>  | Postcode: *  | <input type="text" value="G72 0JL"/>        |
| Fax Number:          | <input type="text"/>  |  |   |
| Email Address: *     | <input type="text" value="REDACTED"/>                         |  |   |

## 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: \*

100647402-001, application for Planning Permission, submitted on 04/10/2023

## Document Details

Please provide an explanation as to why the documentation is being attached after the original application was submitted: \* (Max 500 characters)

Following discussions with the planner revised drawings and additional information regrading the floodlighting was to be submitted.

## 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 David Craig

Declaration Date: 12/11/2023