

Floor 6, Council Offices Almada Street Hamilton ML3 0AA Tel: 0303 123 1015 Email: 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

100653633-002

The online reference is your form is validated. F	the unique reference for your online to Please quote this reference if you nee	form only. The Planning Authed to contact the planning Aut	nority will allocate an Application Number w hority about this application.	/hen		
Site Address	Details					
Planning Authority:	South Lanarkshire Council					
Full postal address of the site (including postcode where available):						
Address 1:	12 BORTHWICK DRIVE					
Address 2:	EAST KILBRIDE					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	GLASGOW					
Post Code:	G75 8YW					
Please identify/describe the location of the site or sites						
Northing	653515	Easting	260002			
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:	The Home Architect						
Ref. Number:		You must enter a Building Name or Number, or both: *					
First Name: *	Colin	Building Name:	REDWOOD HOUSE				
Last Name: *	Kennedy	Building Number:	5				
Telephone Number: *	07403 232228	Address 1 (Street): *	REDWOOD CRESCENT				
Extension Number:		Address 2:	East kilbride				
Mobile Number:		Town/City: *	Glasgow				
Fax Number:		Country: *	South Lanarkshire				
		Postcode: *	G74 5PA				
Email Address: *	colin@thehomearchitect.co.uk						
Is the applicant an individual or an organisation/corporate entity? ★ T Individual ≤ Organisation/Corporate entity Applicant Details							
Applicant Details							
Please enter Applicant de	Mrs	You must enter a Building Name or Number, or both: *					
Other Title:		Building Name:					
First Name: *	MARY	Building Number:	12				
Last Name: *	LONG	Address 1 (Street): *	BORTHWICK DRIVE				
Company/Organisation		Address 2:					
Telephone Number: *		Town/City: *	EAST KILBRIDE				
Extension Number:		Country: *	SCOTLAND				
Mobile Number:		Postcode: *	G75 8YW				
Fax Number:							
Email Address: * colin@thehomearchitect.co.uk							

Proposal/Application Details

Please provide the details of the original application(s) below:

Was the original application part of this proposal? *

 $T_{\text{Yes}} < N_0$

Application Details

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

Application: *

100653633-001, application for Householder Application, submitted on 01/12/2023

Document Details

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

PLANNER NEEDED TO SEE THE AMOUNT OF BEDROOMS IN THE BUILDING TO ESTABLISH THE AMOUNT OF PARKING SPACES REQUIRED

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 Colin Kennedy

Declaration Date: 05/12/2023