

ePlanning Centre Highland Council Glenurquhart Road Inverness IV3 5NX Tel: 01349 886 608 Fax: 01463 702 298 Email: eplanning@highland.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 100644383-005

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.

Planning Authority: Highland Council Full postal address of the site (including postcode where available): Address 1: EASTGATE SHOPPING CENTRE Address 2: EASTGATE Address 3: Address 4: Address 5: INVERNESS Post Code: IV2 3PP Please identify/describe the location of the site or sites Applicant or Agent Details	Site Address	: Notaile						
Full postal address of the site (including postcode where available): Address 1: EASTGATE SHOPPING CENTRE Address 2: EASTGATE Address 3: Address 4: INVERNESS Town/City/Settlement: INVERNESS Post Code: IV2 3PP Please identify/describe the location of the site or sites Applicant or Agent Details								
Address 1: Address 2: EASTGATE Address 3: Address 4: Address 5: Town/City/Settlement: Post Code: IV2 3PP Please identify/describe the location of the site or sites Northing 845358 Easting 267005 Applicant or Agent Details								
Address 2: EASTGATE Address 3: Address 5: INVERNESS Post Code: IV2 3PP Please identify/describe the location of the site or sites Northing 845358 Easting 267005 Applicant or Agent Details	Full postal address of the	ne site (including postcode where availab	ole):					
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Applicant or Agent Details								
	Northing	845358	Easting	267005				
	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) T Applicant \leq Agent			onsultant or someone e		A			

Applicant Details						
Please enter Applicant details						
Title:	Mr	You must enter a Building Name or Number, or both: *				
Other Title:		Building Name:				
First Name: *	Roderick	Building Number:	30			
Last Name: *	Shannon	Address 1 (Street): *	30 Birchbrae Drive			
Company/Organisation	Rokzkool Academy (SCIO)	Address 2:	ss 2:			
Telephone Number: *		Town/City: *	Inverness			
Extension Number:		Country: *	United Kingdom			
Mobile Number:		Postcode: *	IV57QN			
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: * 100644383-001, application for Post Submission Additional Documents, submitted on 20/09/2023						
Document Details						
Please provide an explanation as to why the documentation is being attached after the original application was submitted: * (Max 500 characters)						
My application was missing a Location Plan, Scaled Floor plan and a photo of the proposed exterior .I was asked to submit this.						
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	The additional documents have been attached to this submission. * $T ext{ Yes} \leq No$					

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 Roderick Shannon

Declaration Date: 28/09/2023