

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 100648812-002

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:	Highland Council					
Full postal address of the site (including postcode where available):						
Address 1:	CO-OPERATIVE WHOLESALE SOCIETY LTD					
Address 2:	74 TELFORD STREET					
Address 3:						
Address 4:						
Address 5:						
Town/City/Settlement:	INVERNESS	INVERNESS				
Post Code:	IV3 5LS	IV3 5LS				
Please identify/describe the location of the site or sites						
Northing	845868	Easting	265538			
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:							
Ref. Number:		You must enter a Building Name or Number, or both: *					
First Name: *	William	Building Name:	Ancaster Business Centre				
Last Name: *	Harley	Building Number:					
Telephone Number: *	01877 331708	Address 1 (Street): *	Cross St				
Extension Number:		Address 2:					
Mobile Number:		Town/City: *	Callander				
Fax Number:		Country: *	Scotland				
		Postcode: *	FK17 8EA				
Email Address: *	planning@wdharley.com						
Is the applicant an individual or an organisation/corporate entity? *							
Applicant Details							
Please enter Applicant details							
Title:	Other	You must enter a Building Name or Number, or both: *					
Other Title:		Building Name:	74				
First Name: *		Building Number:					
Last Name: *		Address 1 (Street): *	Telford street				
Company/Organisation	the co-operative group	Address 2:					
Telephone Number: *		Town/City: *	INVERNESS				
Extension Number:		Country: *	SCOTLAND				
Mobile Number:		Postcode: *	IV3 5LS				
Fax Number:							
Email Address: *	planning@wdharley.com						

Proposal/Application Details

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

Was the original application part of this proposal? *

Application Details

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

Application: *

100648812-001, application for Planning Permission, submitted on 18/10/2023

Document Details

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

updates to site boundary

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. *

Mr William Harley

21/12/2023

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:

Declaration Date:

X Yes 🗌 No

X Yes 🗌 No