



Civic Centre Windmillhill Street Motherwell ML1 1AB Tel: 01236 632500 Fax: 01698 302115 Email: esPlanning@northlan.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 100656211-002

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:

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

Northing

Easting

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="CRK Architecture"/>		
Ref. Number:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
First Name: *	<input type="text" value="Chris"/>	Building Name:	<input type="text" value="Crossview Studios"/>
Last Name: *	<input type="text" value="Kelly"/>	Building Number:	<input type="text" value="3d"/>
Telephone Number: *	<input type="text" value=""/>	Address 1 (Street): *	<input type="text" value="Union Rd"/>
Extension Number:	<input type="text"/>	Address 2:	<input type="text"/>
Mobile Number:	<input type="text"/>	Town/City: *	<input type="text" value="Linlithgow"/>
Fax Number:	<input type="text"/>	Country: *	<input type="text" value="United Kingdom"/>
		Postcode: *	<input type="text" value="EH49 7DY"/>
Email Address: *	<input type="text" value=""/>		

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="Ms"/>	You must enter a Building Name or Number, or both: *	
Other Title:	<input type="text"/>	Building Name:	<input type="text"/>
First Name: *	<input type="text" value="Katherine"/>	Building Number:	<input type="text" value="22"/>
Last Name: *	<input type="text" value="Whyte"/>	Address 1 (Street): *	<input type="text" value="Mid Barrwood Road"/>
Company/Organisation	<input type="text"/>	Address 2:	<input type="text"/>
Telephone Number: *	<input type="text"/>	Town/City: *	<input type="text" value="Kilsyth"/>
Extension Number:	<input type="text"/>	Country: *	<input type="text" value="UK"/>
Mobile Number:	<input type="text"/>	Postcode: *	<input type="text" value="G65 0ER"/>
Fax Number:	<input type="text"/>		
Email Address: *	<input type="text" value=""/>		

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: *

Document Details

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

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 Chris Kelly

Declaration Date: 12/01/2024