

Fife House North Street Glenrothes KY7 5LT Email: development.central@fife.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

100658099-002

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:	Fife Council	Fife Council				
Full postal address of the site (including postcode where available):						
Address 1:	DEVONSIDE FARM					
Address 2:	DEVONSIDE					
Address 3:	BLACK DEVON					
Address 4:						
Address 5:						
Town/City/Settlement:	SALINE					
Post Code:	DUNFERMLINE					
Please identify/describe the location of the site or sites						
Northing	693385	Easting	301344			
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:	Stuart King Architecture					
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	David	Building Name:	Abtel Building			
Last Name: *	Lawrence	Building Number:				
Telephone Number: *	07383257022	Address 1 (Street): *	Pitreavie Drive			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Dunfermline			
Fax Number:		Country: *	United Kingdom			
		Postcode: *	KY11 8US			
Email Address: *	david@stuartkingarchitecture.com					
Is the applicant an individual or an organisation/corporate entity? * Individual Organisation/Corporate entity						
Applicant Det	ails					
Please enter Applicant de	etails					
Title:	Mr	You must enter a Building Name or Number, or both: *				
Other Title:		Building Name:	Devonside Farm			
First Name: *	Graeme	Building Number:				
Last Name: *	Stewart	Address 1 (Street): *	Archways			
Company/Organisation	None	Address 2:				
Telephone Number: *		Town/City: *	Saline			
Extension Number:		Country: *	United Kingdom			
Mobile Number:		Postcode: *	KY12 9LN			
Fax Number:						
Email Address: *	david@stuartkingarchitecture.com					

Proposa	al/Appli	cation Details	
Please provide	the details of	the original application(s) below:	
Was the origina	☒ Yes ☐ No		
Applicat			
		ion(s) the new documentation is related to.	
Application: *	100658099	9-001, application for Listed Building Consent, submitted on 19/	01/2024
Docume	nt Deta	nils	
Please provide characters)	an explanation	on as to why the documentation is being attached after the origi	nal application was submitted: * (Max 500
Additional su	ipporting doci	umentation requested by Steven Hollywood by email on 24/01/2	2024.
Checklis	st – Pos	st Submission Additional Docume	ntation
		ng checklist to make sure you have provided all the necessary i	
The additional documents have been attached to this submission. *			
Declare	- Post	Submission Additional Document	ation
		tify that this is a submission of Additional Documentation, and that of my/the applicants knowledge.	nat all the information given in this
Declaration Na	me:	Mr David Lawrence	
Declaration Dat	te:	29/01/2024	