



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 100655379-002

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:	Grigor-Taylor Associates		
Ref. Number:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
First Name: *	Tansy	Building Name:	Taigh Solais
Last Name: *	Grigor-Taylor	Building Number:	1
Telephone Number: *	07720059219	Address 1 (Street): *	Waterloo
Extension Number:	<input type="text"/>	Address 2:	By Broadford
Mobile Number:	<input type="text"/>	Town/City: *	Isle of Skye
Fax Number:	<input type="text"/>	Country: *	Scotland
		Postcode: *	IV42 8QE
Email Address: *	tansygd@btinternet.com		

Is the applicant an individual or an organisation/corporate entity? \*

Individual  Organisation/Corporate entity

## Applicant Details

Please enter Applicant details

Title:	Mr	You must enter a Building Name or Number, or both: *	
Other Title:	<input type="text"/>	Building Name:	shoreside
First Name: *	robert	Building Number:	<input type="text"/>
Last Name: *	macqueen	Address 1 (Street): *	braes
Company/Organisation	<input type="text"/>	Address 2:	<input type="text"/>
Telephone Number: *	<input type="text"/>	Town/City: *	isle of skye
Extension Number:	<input type="text"/>	Country: *	scotland
Mobile Number:	<input type="text"/>	Postcode: *	iv51 9nh
Fax Number:	<input type="text"/>		
Email Address: *	<input type="text"/>		

## 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: Ms Tansy Grigor-Taylor

Declaration Date: 29/01/2024