



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 100657295-002

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:	Convery Prenty Shields Architects Ltd		
Ref. Number:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
First Name: *	Gillian	Building Name:	<input type="text"/>
Last Name: *	Shields	Building Number:	144
Telephone Number: *	07736881831	Address 1 (Street): *	West George Street
Extension Number:	<input type="text"/>	Address 2:	<input type="text"/>
Mobile Number:	<input type="text"/>	Town/City: *	Glasgow
Fax Number:	<input type="text"/>	Country: *	United Kingdom
		Postcode: *	G2 2HG
Email Address: *	gillian@cpsarchitects.co.uk		

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:	<input type="text"/>
First Name: *	Paul	Building Number:	57
Last Name: *	Farmer	Address 1 (Street): *	High Street
Company/Organisation	St. Philips Care	Address 2:	Wednesfield
Telephone Number: *	<input type="text"/>	Town/City: *	Wolverhampton
Extension Number:	<input type="text"/>	Country: *	England
Mobile Number:	<input type="text"/>	Postcode: *	WV11 1ST
Fax Number:	<input type="text"/>		
Email Address: *	Paul.Farmer@stphilips-care.com		

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: *

100657295-001, application for Planning Permission, submitted on 15/01/2024

Document Details

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

We are responding to your letter dated 23 January 2024 (Ref: 24/00093/FUL) to provide additional information for the purpose of validation.

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 Gillian Shields

Declaration Date: 29/01/2024