

Planning Services 231 George Street GLASGOW G1 1RX Tel: 0141 287 8555 Email: onlineplanning@glasgow.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 100658065-002

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.

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Site Address	Details				
Planning Authority:	Glasgow City Council				
Full postal address of the	ne site (including postcode where availab	le):			
Address 1:	UNIT GROUND 17				
Address 2:	PRINCES SQUARE				
Address 3:	48 BUCHANAN STREET				
Address 4:					
Address 5:					
Town/City/Settlement:	CITY CENTRE				
Post Code:	GLASGOW				
Please identify/describe the location of the site or sites					
Northing	665187	Easting	259054		
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  Applicant					

Agent Details						
Please enter Agent details						
Company/Organisation:						
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Paul	Building Name:				
Last Name: *	Nicol	Building Number:	27			
Telephone Number: *		Address 1 (Street): *	Silverknowes Court			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Edinburgh			
Fax Number:		Country: *	United Kingdom			
		Postcode: *	EH4 5NL			
Email Address: *						
Is the applicant an individual or an organisation/corporate entity? *						
Applicant Details						
Please enter Applicant de	etails	l				
Title:		You must enter a Building Name or Number, or both: *				
Other Title:		Building Name:	Wemyss House			
First Name: *		Building Number:	8			
Last Name: *		Address 1 (Street): *	Wemyss Place			
Company/Organisation		Address 2:				
Telephone Number: *		Town/City: *	Edinburgh			
Extension Number:		Country: *	City of Edinburgh			
Mobile Number:		Postcode: *	EH3 6DH			
Fax Number:						
Email Address: *						

Proposa	ıl/Application Details			
Please provide	the details of the original application(s) below:			
Was the original application part of this proposal? *		🛛 Yes 🗌 No		
	tion Details which application(s) the new documentation is related to.			
Application: *	100658065-001, application for Listed Building Consent, submitted on	10/01/2024		
characters)	an explanation as to why the documentation is being attached after the dated with scale bars.	original application was submitted: * (Max 500		
Checklist – Post Submission Additional Documentation				
Please complet	te the following checklist to make sure you have provided all the necess	ary information in support of your application.		
The additional documents have been attached to this submission. *				
Declare	- Post Submission Additional Docume	entation		
	ant/agent certify that this is a submission of Additional Documentation, a rue to the best of my/the applicants knowledge.	nd that all the information given in this		
Declaration Na	me: Mr Paul Nicol			
Declaration Date	te: 05/02/2024			