

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 100660130-002

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					
Full postal address of the site (including postcode where available):						
Address 1:	DEVONSIDE FARM	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) $\leq$ Applicant T Agent						

Agent Details					
Please enter Agent detail	S				
Company/Organisation:	Gateside Design				
Ref. Number:		You must enter a Bu	uilding Name or Number, or both: *		
First Name: *	James	Building Name:			
Last Name: *	Watters	Building Number:	34		
Telephone Number: *	07745305509	Address 1 (Street): *	Millhill		
Extension Number:		Address 2:	Street		
Mobile Number:		Town/City: *	Dunfermline		
Fax Number:		Country: *	Scotland		
		Postcode: *	KY11 4TG		
Email Address: *	gatesidedesign50@yahoo.co.uk				
Is the applicant an individual or an organisation/corporate entity? * $T$ Individual $\leq$ Organisation/Corporate entity					
Applicant Details Please enter Applicant details					
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): *	Black		
Company/Organisation		Address 2:	Devon		
Telephone Number: *		Town/City: *	Saline		
Extension Number:		Country: *	uk		
Mobile Number:		Postcode: *	ky12 9ln		
Fax Number:					
Email Address: *					

# **Proposal/Application Details**

Please provide the details of the original application(s) below:

Was the original application part of this proposal? \*

### **Application Details**

Please select which application(s) the new documentation is related to.

Application: \*

100660130-001, application for Prior Notification and Approval, submitted on 06/02/2024

### **Document Details**

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

Additional information requested by case officer

## **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. \*

## **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 James Watters

Declaration Date:

14/02/2024

T Yes  $\leq$  No

T Yes  $\leq$  No