

Civic Centre Windmillhill Street Motherwell ML1 1AB Tel: 01236 632500 Fax: 01698 302115 Email: esPlanning@northlan.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 100658909-002

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:	North Lanarkshire Council	North Lanarkshire Council				
Full postal address of th	ne site (including postcode where availa	able):				
Address 1:	203 WHITELEES ROAD					
Address 2:	WHITELEES					
Address 3:	CUMBERNAULD					
Address 4:						
Address 5:						
Town/City/Settlement:	GLASGOW					
Post Code:	G67 3DL					
Please identify/describe	the location of the site or sites					
Northing	676718	Easting	278525			
	Agent Details an agent? * (An agent is an architect, or	consultant or someone el	se acting			
	nt in connection with this application)	onsulation someone of	\leq Applicant T Agent			

Agent Details							
Please enter Agent details							
Company/Organisation: ARCAM Design							
Ref. Number:		You must enter a Building Name or Number, or both: *					
First Name: *	Andrew	Building Name:					
Last Name: *	Munnoch	Building Number:	70				
Telephone Number: *		Address 1 (Street): *	Carronside Street				
Extension Number:		Address 2:					
Mobile Number:		Town/City: *	Falkirk				
Fax Number:		Country: *	United Kingdom				
		Postcode: *	FK2 7QD				
Email Address: *							
Is the applicant an individual or an organisation/corporate entity? * $T \text{Individual} \leq \text{Organisation/Corporate entity}$							
Applicant Details							
Please enter Applicant de	etails						
Title:	Mr	You must enter a Building Name or Number, or both: *					
Other Title:		Building Name:					
First Name: *	Brian	Building Number:	203				
Last Name: *	Cameron	Address 1 (Street): *	Whitelees Road				
Company/Organisation		Address 2:					
Telephone Number: *		Town/City: *	Cumbernauld				
Extension Number:		Country: *	Scotland				
Mobile Number:		Postcode: *	G67 3DL				
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? *

T Yes \leq No

Application Details

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

Application: *

100658909-001, application for Planning Permission, submitted on 28/01/2024

Document Details

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

Request from Planning to submit a Certificate of Lawfulness in connection with the original planning application ref: 24/00074/FUL

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. *

T Yes \leq 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: Mr Andrew Munnoch

Declaration Date: 15/02/2024