



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 100646500-005

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

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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:	Austin-Smith:Lord		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Omkar	Building Name:	Allan House
Last Name: *	Deshmankar	Building Number:	
Telephone Number: *	0141 223 8500	Address 1 (Street): *	25 Bothwell Street
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	Glasgow
Fax Number:		Country: *	United Kingdom
		Postcode: *	G2 6NL
Email Address: *	omkar.deshmankar@austinsmithlord.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:		Building Name:	5th Floor Burdett House
First Name: *	Maurice	Building Number:	
Last Name: *	Citron	Address 1 (Street): *	15-16 Buckingham Street
Company/Organisation	Primary Health Properties Investments	Address 2:	
Telephone Number: *	0203 8333 385	Town/City: *	London
Extension Number:		Country: *	United Kingdom
Mobile Number:		Postcode: *	WC2N 6DU
Fax Number:			
Email Address: *	Maurice.Citron@phpgroup.co.uk		

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: Mr Omkar Deshmankar

Declaration Date: 02/02/2024