

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 100659898-002

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	ne site (including postcode where availab	le):				
Address 1:	FORGEHEAD					
Address 2:	SMITHY ROAD					
Address 3:	BALMULLO					
Address 4:						
Address 5:						
Town/City/Settlement:	ST ANDREWS					
Post Code:	KY16 0BG					
Please identify/describe the location of the site or sites						
Northing	721379	Easting	342902			
Applicant or Agent Details						
	an agent? * (An agent is an architect, co	nsultant or someone el				
on behalf of the applicant in connection with this application) \leq Applicant T Agent						

Agent Details						
Please enter Agent details						
Company/Organisation: studioEAST Chartered Architects						
Ref. Number:		You must enter a Building Name or Number, or both: *				
First Name: *	Richard	Building Name:	King James VI Business Centre			
Last Name: *	Taylor	Building Number:				
Telephone Number: *	01738 472090	Address 1 (Street): *	Friarton Rd			
Extension Number:		Address 2:				
Mobile Number:		Town/City: *	Perth			
Fax Number:		Country: *	UK			
		Postcode: *	PH2 8DY			
Email Address: *	hello@studio-east.co.uk					
Is the applicant an individual or an organisation/corporate entity? * $T \text{Individual} \leq \text{Organisation/Corporate entity}$						
Applicant Details						
Please enter Applicant details						
Title:	Other	You must enter a Building Name or Number, or both: *				
Other Title:	Mr and Mrs	Building Name:	Forgehead			
First Name: *	Paul & Anna	Building Number:				
Last Name: *	Gavine	Address 1 (Street): *	Smithy Road			
Company/Organisation		Address 2:				
Telephone Number: *		Town/City: *	Balmullo			
Extension Number:		Country: *	Scotland			
Mobile Number:		Postcode: *	KY16 0BG			
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: *

100659898-001, application for Planning Permission, submitted on 07/02/2024

Document Details

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

Amended Planning Fee.

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 Richard Taylor

Declaration Date: 07/02/2024