

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 100664974-002

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 | s Details | | | | | |
|--|---|---------------------------|-----------|--|--|--|
| Planning Authority: | North Lanarkshire Council | North Lanarkshire Council | | | | |
| Full postal address of th | ne site (including postcode where availab | ole): | | | | |
| Address 1: | 18 TROON GARDENS | | | | | |
| Address 2: | WESTERWOOD | | | | | |
| Address 3: | CUMBERNAULD | | | | | |
| Address 4: | | | | | | |
| Address 5: | | | | | | |
| Town/City/Settlement: | GLASGOW | | | | | |
| Post Code: | G68 0JW | | | | | |
| Please identify/describe | e the location of the site or sites | | | | | |
| | | | | | | |
| | | | | | | |
| Northing | 676680 | Easting | 275875 | | | |
| Applicant or | Agent Details | | | | | |
| Are you an applicant or | an agent? * (An agent is an architect, co | onsultant or someone el | se acting | | | |
| on behalf of the applicant in connection with this application) \leq Applicant T Agent | | | | | | |

| Agent Details | | | | | | |
|---|--|--|----------------|--|--|--|
| Please enter Agent details | | | | | | |
| Company/Organisation: | | | | | | |
| Ref. Number: | | You must enter a Building Name or Number, or both: * | | | | |
| First Name: * | les | Building Name: | Mo Dhachaidh | | | |
| Last Name: * | johnson | Building Number: | | | | |
| Telephone Number: * | | Address 1 (Street): * | Glasgow Road | | | |
| Extension Number: | | Address 2: | Head of Muir | | | |
| Mobile Number: | | Town/City: * | Denny | | | |
| Fax Number: | | Country: * | Falkirk | | | |
| | | Postcode: * | FK6 5JX | | | |
| Email Address: * | | | | | | |
| Is the applicant an individ | ual 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: | | | | |
| First Name: * | John | Building Number: | 18 | | | |
| Last Name: * | McGuinness | Address 1 (Street): * | Troon Gardens | | | |
| Company/Organisation | | Address 2: | | | | |
| Telephone Number: * | | Town/City: * | Cumbernauld | | | |
| Extension Number: | | Country: * | United Kingdom | | | |
| Mobile Number: | | Postcode: * | G68 0JW | | | |
| 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: *

100664974-001, application for Planning Permission, submitted on 16/03/2024

Document Details

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

additional detail requested

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 les johnson

Declaration Date: 19/03/2024