



ePlanning Centre Highland Council Glenurquhart Road Inverness IV3 5NX Tel: 01349 886 608 Fax: 01463 702 298 Email: eplanning@highland.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 100660187-002

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:

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

Easting

## 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

## Applicant Details

Please enter Applicant details

Title:	<input type="text" value="Miss"/>	You must enter a Building Name or Number, or both: *	
Other Title:	<input type="text"/>	Building Name:	<input type="text" value="Former Merkinch Family Centre"/>
First Name: *	<input type="text" value="Tracey"/>	Building Number:	<input type="text" value="0"/>
Last Name: *	<input type="text" value="Taylor"/>	Address 1 (Street): *	<input type="text" value="Former Merkinch Family Centre"/>
Company/Organisation	<input type="text" value="Highland Council"/>	Address 2:	<input type="text" value="Coronation Park"/>
Telephone Number: *	<input type="text" value="REDACTED"/>	Town/City: *	<input type="text" value="Inverness"/>
Extension Number:	<input type="text"/>	Country: *	<input type="text" value="United Kingdom"/>
Mobile Number:	<input type="text"/>	Postcode: *	<input type="text" value="IV3 8RB"/>
Fax Number:	<input type="text"/>		
Email Address: *	<input type="text" value="REDACTED"/>		

## 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: Miss Tracey Taylor

Declaration Date: 16/02/2024