



Planning Services 231 George Street GLASGOW G1 1RX Tel: 0141 287 8555 Email: [onlineplanning@glasgow.gov.uk](mailto:onlineplanning@glasgow.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 100660589-002

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:

Glasgow City Council

Full postal address of the site (including postcode where available):

Address 1:

STOREY GROUND

Address 2:

83 WEST REGENT STREET

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

GLASGOW

Post Code:

G2 2AW

Please identify/describe the location of the site or sites

Northing

665630

Easting

258769

## 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:	Maxwell72 Architects		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	maxwell	Building Name:	
Last Name: *	davidson	Building Number:	19
Telephone Number: *		Address 1 (Street): *	echline terrace
Extension Number:		Address 2:	
Mobile Number:		Town/City: *	s queensferry
Fax Number:		Country: *	edinburgh
		Postcode: *	eh30 9xh
Email Address: *			

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:	
First Name: *	A	Building Number:	83
Last Name: *	HOLMES	Address 1 (Street): *	WEST REGENT STREET
Company/Organisation		Address 2:	
Telephone Number: *		Town/City: *	GLASGOW
Extension Number:		Country: *	SCOTLAND
Mobile Number:		Postcode: *	G2 2AW
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? \*

Yes  No

## Application Details

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

Application: \* 100660589-001, application for Listed Building Consent, submitted on 09/02/2024

## Document Details

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

INVALIDATION RESPONSE

## 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 maxwell davidson

Declaration Date: 13/03/2024