



Planning Services 231 George Street GLASGOW G1 1RX Tel: 0141 287 8555 Email: 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 100658720-002

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:

10 CLYDE PLACE

Address 2:

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

GLASGOW

Post Code:

G5 8DF

Please identify/describe the location of the site or sites

Northing

664700

Easting

258614

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:	Marini O'Shea		
Ref. Number:		You must enter a Building Name or Number, or both: *	
First Name: *	Andrea	Building Name:	St Ninian's Episcopal Church
Last Name: *	Marini	Building Number:	1
Telephone Number: *		Address 1 (Street): *	Albert Drive
Extension Number:		Address 2:	Studio 2
Mobile Number:		Town/City: *	Glasgow
Fax Number:		Country: *	Scotland
		Postcode: *	G41 2PE
Email Address: *			
Is the applicant an individual or an organisation/corporate entity? *			
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> 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: *	Mark	Building Number:	10
Last Name: *	Cassidy	Address 1 (Street): *	Clyde Place
Company/Organisation	SLC	Address 2:	
Telephone Number: *		Town/City: *	Glasgow
Extension Number:		Country: *	Scotland
Mobile Number:		Postcode: *	G5 8DF
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: *

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 Andrea Marini

Declaration Date: 25/03/2024