



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 100662548-005

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

## Agent Details

Please enter Agent details

Company/Organisation:	Architectural & Planning		
Ref. Number:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
First Name: *	Martin	Building Name:	Thistle Crofts
Last Name: *	Archibald	Building Number:	<input type="text"/>
Telephone Number: *	<input type="text"/>	Address 1 (Street): *	South Erradale
Extension Number:	<input type="text"/>	Address 2:	Gairloch
Mobile Number:	<input type="text"/>	Town/City: *	Wester Ross
Fax Number:	<input type="text"/>	Country: *	Scotland
		Postcode: *	IV21 2AU
Email Address: *	martin.archibald@sky.com		

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:	<input type="text"/>	Building Name:	<input type="text"/>
First Name: *	Brian	Building Number:	3e
Last Name: *	Stevenson	Address 1 (Street): *	Eastern View
Company/Organisation	<input type="text"/>	Address 2:	<input type="text"/>
Telephone Number: *	<input type="text"/>	Town/City: *	Guorock
Extension Number:	<input type="text"/>	Country: *	Scotland
Mobile Number:	<input type="text"/>	Postcode: *	PA19 1RH
Fax Number:	<input type="text"/>		
Email Address: *	brianstevensonuk@protonmail.com		

## 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: \*

100662548-001, application for Planning Permission, submitted on 26/02/2024

## Document Details

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

updated site plan and addition of supporting design statement

## 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 Martin Archibald

Declaration Date: 16/04/2024