



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 100493935-002

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:

4 MALLAIG PLACE

Address 2:

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

GLASGOW

Post Code:

G51 4NL

Please identify/describe the location of the site or sites

Northing

665330

Easting

253995

## 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:	Robert Thompson Designs		
Ref. Number:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
First Name: *	Robert	Building Name:	<input type="text"/>
Last Name: *	Thompson	Building Number:	5
Telephone Number: *	<input type="text"/>	Address 1 (Street): *	Queen Square
Extension Number:	<input type="text"/>	Address 2:	<input type="text"/>
Mobile Number:	<input type="text"/>	Town/City: *	Glasgow
Fax Number:	<input type="text"/>	Country: *	Scotland
		Postcode: *	G41 2BG
Email Address: *	<input type="text"/>		
Is the applicant an individual or an organisation/corporate entity? *			
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Organisation/Corporate entity			

## Applicant Details

Please enter Applicant details

Title:	Mrs	You must enter a Building Name or Number, or both: *	
Other Title:	<input type="text"/>	Building Name:	<input type="text"/>
First Name: *	F	Building Number:	4
Last Name: *	KIRKLAND	Address 1 (Street): *	MALLAIG PLACE
Company/Organisation	<input type="text"/>	Address 2:	<input type="text"/>
Telephone Number: *	<input type="text"/>	Town/City: *	GLASGOW
Extension Number:	<input type="text"/>	Country: *	SCOTLAND
Mobile Number:	<input type="text"/>	Postcode: *	G51 4NL
Fax Number:	<input type="text"/>		
Email Address: *	<input type="text"/>		

## 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: \* 100493935-001, application for Householder Application, submitted on 03/11/2021

## Document Details

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

ADDITIONAL INFORMATION 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. \*

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 Robert Thompson

Declaration Date: 09/11/2021