



Falkirk Council

Abbotsford House Davids Loan Falkirk FK2 7YZ

Tel: 01324 504748

Fax: 01324 504747

Email: planning.applications@falkirk.gov.uk

Applications cannot be validated until all necessary documentation has been submitted and the required fee has been paid.

Thank you for completing this application form:

ONLINE REFERENCE 000131434-001

The online ref number 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.

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: MBM Planning & Development

Ref. Number:

First Name: * Mark

Last Name: * Myles

Telephone Number: * 01738 450506

Extension Number:

Mobile Number:

Fax Number:

Email Address: * mm@mbmplanning.co.uk

You must enter a Building Name or Number, or both:*

Building Name: Algo Business Centre

Building Number:

Address 1 (Street): * Glenearn Road

Address 2:

Town/City: * Perth

Country: * UK

Postcode: * PH2 0NJ

Is the applicant an individual or an organisation/corporate entity? *

☒ Individual ☐ Organisation/Corporate entity

Applicant Details

Please enter Applicant details

Title: *	<input type="text" value="Mr"/>
Other Title:	<input type="text"/>
First Name: *	<input type="text" value="Gilmour"/>
Last Name: *	<input type="text" value="Manuel"/>
Company/Organisation:	<input type="text"/>
Telephone Number:	<input type="text"/>
Extension Number:	<input type="text"/>
Mobile Number:	<input type="text"/>
Fax Number:	<input type="text"/>
Email Address:	<input type="text"/>

You must enter a Building Name or Number, or both:*

Building Name:	<input type="text" value="Manuel House"/>
Building Number:	<input type="text"/>
Address 1 (Street): *	<input type="text" value="Falkirk"/>
Address 2:	<input type="text"/>
Town/City: *	<input type="text" value="Linlithgow"/>
Country: *	<input type="text" value="scotland"/>
Postcode: *	<input type="text" value="EH49 6JF"/>

Site Address Details

Planning Authority:	<input type="text" value="Falkirk Council"/>
---------------------	--

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

Address 1:	<input type="text" value="MANUEL LODGE"/>	Address 5:	<input type="text"/>
Address 2:	<input type="text" value="FALKIRK"/>	Town/City/Settlement:	<input type="text" value="LINLITHGOW"/>
Address 3:	<input type="text"/>	Post Code:	<input type="text" value="EH49 6JF"/>
Address 4:	<input type="text"/>		

Please identify/describe the location of the site or sites.

Northing	<input type="text" value="676541"/>	Easting	<input type="text" value="296853"/>
----------	-------------------------------------	---------	-------------------------------------

Description of the Proposal

Please provide a description of the proposal to which your review relates. The description should be the same as given in the application form, or as amended with the agreement of the planning authority: *
(Max 500 characters)

Erection of dwellinghouse

Type of Application

What type of application did you submit to the planning authority? *

- ☐ Application for planning permission (including householder application but excluding application to work minerals).
- ☒ Application for planning permission in principle.
- ☐ Further application.
- ☐ Application for approval of matters specified in conditions.

What does your review relate to? *

- ☒ Refusal Notice.
- ☐ Grant of permission with Conditions imposed.
- ☐ No decision reached within the prescribed period (two months after validation date or any agreed extension) – deemed refusal.

Statement of reasons for seeking review

You must state in full, why you are seeking a review of the planning authority's decision (or failure to make a decision). Your statement must set out all matters you consider require to be taken into account in determining your review. If necessary this can be provided as a separate document in the 'Supporting Documents' section: * (Max 500 characters)

Note: you are unlikely to have a further opportunity to add to your statement of appeal at a later date, so it is essential that you produce all of the information you want the decision-maker to take into account.

You should not however raise any new matter which was not before the planning authority at the time it decided your application (or at the time of expiry of the period of determination), unless you can demonstrate that the new matter could not have been raised before that time or that it not being raised before that time is a consequence of exceptional circumstances.

Please refer to our separate Notice of Review Statement

Have you raised any matters which were not before the appointed officer at the time the determination on your application was made? *

☐ Yes ☒ No

Please provide a list of all supporting documents, materials and evidence which you wish to submit with your notice of review and intend to rely on in support of your review. You can attach these documents electronically later in the process: * (Max 500 characters)

Planning application forms, refusal notice, Report of Handling, refused plans and Statement in support of Notice of Review

Application Details

Please provide details of the application and decision.

What is the application reference number? *

P/15/0353/PPP

What date was the application submitted to the planning authority? *

01/06/15

What date was the decision issued by the planning authority? *

27/08/15