- Callum Sculfor - 01508 S33836

Planning Services

South Norfolk House, Swan Lane, Long Stratton, Norwich NR15 2XE

Email: planning@s-norfolk.gov.uk

Tel: 01508 533845 Fax: 01508 533625

www.south-norfolk.gov.uk



Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990



You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address		2. Agent Name and Address	
Title:	MR First name: SHANE	Title: First name:	
Last name:	EDWARDS	Last name:	
Company (optional):		Company (optional):	
Unit:	House number: House suffix:		ouse ffix:
House name:	LYNDALE	House name:	
Address 1:	THE STREET	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	FUNDENHALL	Town:	
County:	NORFOCK	County:	
Country:		Country:	
Postcode:	NRIBIDS	Postcode:	

3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?				
Unit: House number: House suffix:					
House name: LYNDALE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: THE STIZEET	application more efficiently). Please tick if the full contact details are not				
Address 2:	known, and then complete as much as possible:				
Address 3:	Officer name: CACCUM SCULFOR				
Town: FUNDEHACC	Reference:				
County: NORFOLK					
Postcode (optional): NR16105	Date (DD/MM/YYYY): (must be pre-application submission) [18/12/20]				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:	HOW TO FICE IT IN AND				
Description:	INMAT IS NEEDED				
	(VERY THOROUGH)				
Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below: Suradivision of existing dwelling, including sine e rear extentions, from a rear dormers internal Acternations e restoration. Erection of 2x detached double garages and Additional driveway					
Erection of 2x detached double	garages and Additional driveway				
2020 Deta of decision: [Many 30/march] (Date must be pre-application					
Please state the condition number(s) to which this application relates:					
1. 6	6.				
2. 8	7.				
3. <i>Q</i>	8.				
4.	9.				
5.	10.				
Has the development already started?	Yes No				
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)				
Has the development been completed?					
If Yes, please state when the development was completed (DD/MM/YYYY): $18/12/2020$ (date must be pre-application submission)					
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details to	ARIF				
BETTERNAL PAINT GARDINIA BREATHABLE. 9 OLD ENGLISH MULTI BRICKS TO FIRE PLACE 2 PMOTOS ATTACHED 6 INTERNAL PLASTER USED LIME RENDER 3 TO 1 AND LIME PUTTY FINISHPLASTER					
6 INTERNAL ICHSTEN USED LIME RENISER STOI AND LIME PUTTY 1-INISHING					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:					
ii res, piease indicate which part of the condition your application r	CIBICS IO.				

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.				
The original and 3 copies of a completed and dated application form:	original and 3 copies of other plans and drawings nformation necessary to describe the subject of the application:			
The correct fee: \[\begin{align*} Acade Aby \oone \infty \oone \infty \one				
9. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.				
Signed - Applicant:	Or signed - Agent:			
Date (DD/MM/YYYY):				
(date cannot be pre-application)	(ACCREADY NONE)			
10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers	Telephone numbers			
Extension	Extension			
Country code: National number: number:	Country code: National number: number:			
Country code: Mobile number (optional):	Country code: Mobile number (optional):			
Country code: Fax number (optional):	Country code: Fax number (optional):			
Email address (optional):	Email address (optional):			
12. Site Visit				
Can the site he seen from a nublic road nublic footnath bridlewey or other multiple 12.				
If the planning authority needs to make an appointment to carry				
out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Applicant Other (If different from the agent/applicant's details)				
Contact name:	Telephone number:			
SHANE EDWARDS				
Email address:				

(ALCREADY DONE)