

Regeneration Division
Chief Executive's Department
Town Hall, Darlington, DL1 5QT

1. Applicant Name and Address

MR

Title:

Last name:

20/01245/FUL

Telephone: 01325 388799
E-mail: planning.enquiries@darlington.gov.uk
Website: www.darlington.gov.uk/planning

2. Agent Name and Address

MR

First name:

BLENKHARN

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Date	3	ALL DESIGNATION OF THE PARTY OF
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DEREK

Householder Application for Planning Permission for works or extension to a dwelling.

Town and Country Planning 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

MARTIN

First name:

TWEDDLE

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.

Title:

Last name:

Company (optional):		(optional):	
Unit:	- House 329 House suffix:	Unit:	House number: 7 House suffix:
House name:	_	House name:	
Address 1:	CONSCLIFFE ROAD	Address 1:	ROUNDHILL CLOSE
Address 2:		Address 2:	HURWORTH
Address 3:		Address 3:	
Town:	DARLINGTON	Town:	DARLINGTON
County:	DURHAM	County:	DURHAM
Country:	UK	Country:	012
Postcode:	DL38AH	Postcode:	DLZZEB
3. Descr	iption of Proposed Works		
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Please desc	ribe the proposed works:	ZEY EX	XTENSION.
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Please desc	TION OF REAR SINGLE STOR	DORME!	KTENSION. REXTENSION ABOVE GARAGE
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If Yes, please state when the work was completed (DD/MM/YYYY): (date must be pre-application submission) 5. Pedestrian and Vehicle Access, Roads and Rights of W
Has the work already started: If Yes, please state when the work was started (DD/MM/YYYY): Has the work already been completed? Yes No If Yes, please state when the work was completed (DD/MM/YYYY): (date must be pre-application submission of the publication submission of the publication submission of the full postal address of the application site. Please provide the full postal address of the application site. House name: Address 1: Address 1: Address 2: Address 2: If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/ drawing(s):
If Yes, please state when the work was completed (DD/MM/YYYY): (date must be pre-application submission of Washington and Vehicle Access, Roads and Rights of Washington site) Please provide the full postal address of the application site. Unit:
If Yes, please state when the work was completed (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (date must be pre-application submission of Washington State (DD/MM/YYYY): (sa new or altered vehicle access proposed to or from the public highway? (sa new or altered pedestrian access proposed to or from the public highway? (base or altered pedestrian access proposed to or from the public highway? (base or altered pedestrian access proposed to or from the public highway? (base or altered vehicle access proposed to or from the public highway? (base or altered pedestrian access proposed to or from the public highway? (base or altered vehicle access proposed to or from the public highway? (base or altered vehicle access proposed to or from the public highway? (base or altered vehicle access proposed to or from the public highway? (base or altered vehicle access proposed to or from the public highway? (base or altered vehicle access proposed to or from the public highway? (base or altered vehicl
4. Site Address Details Please provide the full postal address of the application site. Unit: House number: 329 House suffix: Do the proposed to or from the public highway? Yes Proposed to or from
Please provide the full postal address of the application site. Unit: House number: 329 House suffix: Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Address 2: If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/ drawing(s):
Please provide the full postar address of the fu
House name: Address 1: Conscripte Road Address 2: If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s):
Address 1: Conscribe Road extinguishments and/or creation of public rights of way? If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s):
Address 1: Consider Road rights of way? Address 2: If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s):
Address 2: drawings and state the reference number(s) or an indicate the reference number(s) or
Address 3:
Town: DARLINGTON
County: DURHAM
Postcode (optional): DL38AH (7. Trees and Hedges
Are there any trees or hedges on your own properties which are within falling distance of your proposed development? If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not known, and then complete as much possible: Officer name: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received: Will any trees or hedges on your own properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawing: Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes
9. Authority Employee / Member
8. Parking Will the proposed works affect Will the proposed works affect (a) a member of staff ctatements apply to
existing car parking arrangements? (b) an elected member (c) related to a member of staff Yes
If Yes, please describe: (c) related to a member of standard to an elected member (d) related to an elected member If Yes, please provide details of the name, relationship and
If Yes, please provide details of the name, relationship.
2010 00 10 #S SRevision: 299

	what materials are to be used externally. Include Existing (where applicable)	Proposed	Not applicable	Don
alls	RENDER	RENDER TO MATER EXISTING		
oof	NATURAL SLATES	NATURAL SLATES		
/indows	WHITE UPVC FRAMES	WHITE UPUS FRAMES		
Doors	WHITE UPUE.			
Boundary treatments (e.g. fences, walls)			V	
Vehicle access and hard-standing				
Lighting				
Others (please specify)				
Are you supplying a lif Yes, please state r	additional information on submitted plan(s)/draveleferences for the plan(s)/drawing(s)/design and PROPOSED PLANS,	ving(s)/design and access statement? access statement: SECTION ELEVATION. DRAWIN F2	Yes	20/12

u differ that an	CERTIFICATE OF OWNERSHIP - CERTIFICATE A Development Management Procedure) (England) Order 2010 the day 21 days before the date of this application nobody exce	pt myself/ the applicant was the
(owner is a person with a freehold	Development Management Procedure) (England) Order 2010 of the day 21 days before the date of this application nobody excelled interest or leasehold interest with at least 7 years left to run) of any	, , , , , , , , , , , , , , , , , , , ,
the application relates. d - Applicant:	Orcigned - Agent	Date (DD/MM/YYYY) 21/12/2020
u - Applicant.		21/12/200
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ity/ The applicant certines that	(Development Management Procedure) (England) Order 2016 I have/the applicant has given the requisite notice to everyone exation, was the owner (owner is a person with a freehold interest or building to which this application relates.	
run) of any part of the land of	ouilding to which this application relates. Address	Date Notice Served
Name of Owner		
5		
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	Or signed - Agent:	Date (DD/MM/YY)
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of any part of the land to which thi	CERTIFICATE OF OWNERSHIP - CE lopment Management Procedure) (his application en to find out the names and address oner (owner is a person with a freehold is application relates, but I have/ the a	ses of everyone else who, on	the day 21 days before the with at least 7 years left to run)
steps taken were:			
8			
		On the following dat	te (which must not be earlier
tice of the application has been publish	ned in the following newspaper	than 21 days before	the date of the application):
culating in the area where the land is si	ituateu).		
	- 1 Amonto		Date (DD/MM/YYYY)
ned - Applicant:	Or signed - Agent:		
A) None of the land to which the applica	ation relates is, or is part of, an agricul Or signed - Agent:	ltural holding.	Date (DD/MM/YYY
igned - Applicant:	DBbnkhe	,	21/12/2020
B) I have/The applicant has given the reserved the date of this application, was a listed below:		dress	Date Notice Serve
Name of Tenant			
			Date (DD/MM/Y
Signed - Applicant:	Or signed - Ager	nt:	
Signed 7. photos			
13. Planning Application Req Please read the following checklist to information required will result in you the Local Planning Authority has been of a completed and dated application for the complete completed and dated application for the complete comp	rapplication being deemed invalid. The original design and access staten proposed works fall with	The corre	ect fee:
The original identifies the land to which the applicates drawn to an identified scale and showing the direction of North:	conservation area or World Heritage Site, or re Listed Building:	elate to a complet	ted, dated Ownership ate (A, B, C or D - as applicable)
The original of other plant and drawings or information necessar describe the subject of the application	ary to	comple (Agricu	ginal ted, dated Article 12 Certific Itural Holdings):

14. Declaration I/we hereby apply for planning permission/consent as described in this information. Or signed - Applicant:	21/12/2020 (date cannot be pre-application)
Telephone numbers Country code: National number: Country co Country co Extension number: Country co Email address (optional):	Telephone numbers Country code: National number: O1325 Country code: Mobile number (optional): O797662680 Country code: Fax number (optional): Email address (optional): d blenkharn a btinternet. com
17. Site Visit Can the site be seen from a public road, public footpath, bridleway of 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: Contact name: Email address:	or other public land? Yes No Applicant Other (if different from the agent/applicant's details) Telephone number: