

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)'.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their obligations in regards to the processing of your application. Please refer to their website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



North Kesteven District Council, District Council Offices Kesteven Street, Sleaford, Lincolnshire NG34 7EF

Telephone: 01529 414155

Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the authority directly.

If printed, please complete using block capitals and black ink.

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

Applicant Name and Address		2. Agent Name and Address				
Title: Mr. 2 M	AS First name: N.	Title:	M	First name: WAYNE		
Last name: STAT	MAM	Last name:	ITTLA	TT		
Company (optional):		Company (optional):	7.444.4.			
Unit:	House humber: 6/ House suffix:	Unit:		House number: 85 House suffix:		
House name:		House name:				
Address 1: Mou	INT LANE	Address 1:	THE	DROVE		
Address 2: KIRKY	34 LA THORPE	Address 2:				
Address 3:		Address 3:				
Town:		Town:	SLE	Arford		
County: [[]	cs N634 9NR	County:	LINE	S NG34 8JQ		
Country: UK		Country:	UK			

Please describe the proposed works:	
SINGLE STOREY REAR EXTENSION	
Has the work already started?	(date must be pre-application submission
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details Please provide the full postal address of the application site. Unit: House house suffix: House suffix: Address 1: MOUNT LANE Address 2: KIRKRY LA THORPE Address 3: Town: County: CINCS Postcode (optional): NG34 9NR	S. Pedestrian and Vehicle Access, Roads and Rights of Way Is a new or altered vehicle access proposed to or from the public highway? Yes No Is a new or altered pedestrian access proposed to or from the public highway? Yes No Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No 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):
6. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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:	7. Trees and Hedges Are there any trees or hedges on your own property or on adjoining 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 drawings:
Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	Will any trees or hedges need to be removed or pruned in order to carry out your proposal? If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.

8. Parking Will the proposed If Yes, please des	d works affect existing car parking arrangement scribe:	s? Yes	No		
					A Company of the Company
t is an important neans related, by	Employee / Member principle of decision-making that the process is y birth or otherwise, closely enough that a fair maker was bias on the part of the decision maker in	ainded and informed of	oceaner having considered the fac	, "related ts, would	to"
conclude that there was bias on the part of the decision-maker in the local planning authority. Do any of the following statements apply to you and/or agent? Yes No With respect to the authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member					
f Yes, please pro	vide details of their name, role and how you are	related to them.			
O. Materials	ase state what materials are to be used externall	v. Include type colour	and name for each material.		Marie Control of the
	Existing (where applicable)	Proposed	and hame for each material.	Not applicable	Don't
Walls	Rhick		TO MATCH		
Roof	PAN TILE	PAN T EXISTIN	DAN TILES TO MATCH EXISTING.		
Windows	WHITE UPVC	WHITE	UPUC		
Doors	WHITE UPVC	WHITE	WHITE UPVC		
Boundary treatn (e.g. fences, wall					

10. Materials If applicable, please	e state what materia	ls are to be used ex	ternally. Includ	de type, colour an	d name for each m	naterial:	
Vehicle access and hard-standing							
Lighting							
Others (please specify)							
Are you supplying a	eferences for the pl	on on submitted pla an(s)/drawing(s)/de	an(s)/drawing(sign and acces	s)/design and acco	ess statement?	Yes	No
	ISLATT						

*

11. Ownership Certificates and Agricultural Land Declaration One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding** NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. "" "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): 2020 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which this application relates. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 Name of Owner / Agricultural Tenant Address **Date Notice Served** Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

		AND THE RESERVE OF THE PARTY OF					
	Application Requirer						
Please read the information reg	following checklist to make	sure you have sent all the	e information in s valid. It will not b	uppor e con:	t of your proposal. Failure to su sidered valid until all information	bmit all n required by	
The original and 3 copies* of a completed and dated application form: The original and 3 copies* of a completed and dated application form:					The correct fee:		
The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: proposed works fall conservation area of World Heritage Site Listed Building:			ll within a or		The original and 3 copies* of completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14		
and drawings or	3 copies* of other plans Information necessary to eject of the application:				Certificate (Agricultural Holdi	ngs): ⊔	
	ation specifies that the appli ies), unless the application is ccept supporting document our LPA's website for inform	- 12 4 p-10-2 1 1 1 16 040 14 16 17 2 2 2 1 T 1 1 1	DOMEST LIKE TO CONTROLLED	0000	s of the form and supporting do nat a smaller number of copies is CD, DVD or USB memory stick). discuss these options.	cuments (a s required.	
13. Declarat	ion						
I/we hereby app information. I/w	oly for planning permission/o	rmy/our knowledge, anv	his form and the facts stated are	accom true ai	panying plans/drawings and ad nd accurate and any opinions gi	lditional ven are the	
Signed - Applic	ant:	Or signed - Agent:			Date (DD/MM/YYYY):		
					17/01/7-7	(date cannot be pre-application)	
14. Applicar	nt Contact Details		15. Agent	Conta	act Details		
Telephone num			Telephone nu				
T. C.		Extension	reiephonene	HIDGE		Extension	
Country code:	National number:	number:	Country code	: Na	tional number:	number:	
Country code:	Mobile number (optional):		Country code	: Mc	obile number (optional):		
Country code:	Fav number (a-1)8				7972 696872		
Country code.	Fax number (optional):		Country code	Fax	x number (optional):		
Email address (o	optional):		Email address				
			arhitect	slin	cohshire Cagnail	· con	
16. Site Visit							
	seen from a public road, pub	lic footpath, bridleway o	r other public lar	id? F	√Yes □ No		
If the planning a	uthority needs to make an a hom should they contact? (ppointment to carry	Agent		☐ ☐ Other (if diff	ferent from the	
	n selected, please provide:	The same and and		12		cant's details)	
Contact name:				Telephone number:			
Email address							