

## Application for Planning Permission. Town and Country Planning Act 1990

### 'rivacy Notice

his form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting nformation 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).

'lease 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. An ubsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in greement with the declaration section.

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

### .ocal Planning Authority details:

# CITY OF WOLVERHAMPTON COUNCIL

### For assistance in completing this form contact:

City Planning, Civic Centre, St Peter's Square, Wolverhampton. WVI IRP Telephone 01902 556026

E-mail: planning@wolverhampton.gov.uk

### ublication of applications on planning authority websites

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

lease ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require ny further clarification, please contact the Local Planning Authority directly.

printed, please complete using block capitals and black ink.

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

Applic	ant Name and Address
i. Applic	ant Name and Address .
Γitle:	MR First name: TACOB
_ast name:	SEDSEMORE
Company optional):	MAYTHORN DEVELOPMENTS
Jnit:	House House suffix:
House name:	MAPLE HOUSE
Address 1:	KINGSLOOD BUSINESS PARK
Address 2:	HOLYHEAD ROAD
Address 3:	ALBRISH70N
own:	WOLVERHAMPTON
County:	
Country:	
'ostcode:	WV7 JAU

2. Agent	Name and Address
Title:	MR First name: ROBERT
Last name:	STIRTON
Company (optional):	STONELEIGH ARCHITECTURAL
Unit:	House House suffix:
House name:	MAPLE HOUSE
Address 1:	KINSSLOOD BUDINESS PARK
Address 2:	HOLYHEAD ROAD
Address 3:	ALBRIGHTUN
Town:	WOLVERHAMPTON
County:	
Country:	
Postcodo:	1117 3011

	iption of the Proposal cribe the proposed development, including any change	of use:				
	CONVERSION OF 1 No. 3					
4	L BEDROOM APARTMENTS	•				
	lding, work or change of use already started? se state the date when building,	☐ Yes ☑ No				
	e were started (DD/MM/YYYY):	(date must be pre-application submission)				
	ding, work or change of use been completed?	Yes No				
	se state the date when the building, work of use was completed: (DD/MM/YYYY):	(date must be pre-application submission)				
Reference n	no. of permission in principle being echnical details consent applications only):					
4. Site Ad	ddress Details	5. Pre-application Advice				
	ide the full postal address of the application site.  House House	Has assistance or prior advice been sought from the local authority about this application?				
Unit:	number: 36 rouse suffix:	Tes INO				
House name:		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1:	WOOD ENP ROAD	application more efficiently).				
Address 2:	WEONESFIELD	Please tick if the full contact details are not known, and then complete as much as possible:				
Address 3:		Officer name:				
Town:	WOLVERHAMPTON	RASBIR SAHOTA				
County:		Reference:				
Postcode	WUIL INR					
(optional): Description (must be co	of location or a grid reference. completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)				
Easting:	Northing:	Details of pre-application advice received?				
Description	1:					
	~	My SAYUTA SAWO THIS IS				
		ACCEPTABLE AS IT REDUCES THE				

NUMBER OF BEDROOMS AND HAI NO IMPACT.

<ol><li>Pedestrian and Vehicle Access, Roa</li></ol>	ds and Rigi	nts of way	/. Waste Storage and Collection
s a new or altered vehicle access proposed :o or from the public highway?	Yes	☑No	Do the plans incorporate areas to store and aid the collection of waste?
s a new or altered pedestrian access proposed to or from			If Yes, please provide details:
:he public highway?	Yes	No	DIN STURES SITOWN ON PLAN "
Are there any new public roads to be provided within the site?	Yes	No	
Are there any new public ights of way to be provided within or adjacent to the site?	Yes	No	
Do the proposals require any diversions 'extinguishments and/or creation of rights of way?	Yes	No	Have arrangements been made for the separate storage and collection of recyclable waste?
If you answered Yes to any of the above quedetails on your plans/drawings and state the	estions, plea ne reference d	se show of the plan	If Yes, please provide details:
(s)/drawings(s)			RECYCLE BIN PROJUDED IN PIN
			Store 5-
			J16(2C 3-
B. Authority Employee / Member			
	enough tha	t a fair-minde	n and transparent. For the purposes of this question, "related to" and informed observer, having considered the facts, would local planning authority.
Do any of the following statements apply to			Yes No With respect to the authority, I am:
, , ,	•	• 🗀	(a) a member of staff
			<ul><li>(b) an elected member</li><li>(c) related to a member of staff</li></ul>
			(d) related to an elected member
If Yes, please provide details of their name,	role and how	you are rela	red to them.
		•	

9. Materials f applicable, please sta	te what mat	erials are to be used exte	rnally. Include	e type, colour and n	ame for each mate	erial:		
	Existing (where app	licable)		Proposed			Not applicable	Dor Kno
Walls							W	
Roof								
Windows •								
Doors								
Boundary treatments (e.g. fences, walls)								
Vehicle access and hard-standing								
Lighting	_	•		-	-		<u>•</u>	
Others (please specify)								
	141	nation on submitted plar e plan(s)/drawing(s)/desi			statement?	Yes	*	No
0. Vehicle Parking	g							
		ne existing and proposed  Total		n-site parking space proposed (includin		Difference		•
Type of Vehicl	е	Existing		spaces retained)	3	in spaces		
Cars Light goods vehic	cles/	2		2		0		
Motorcycles								
Disability space				***				
Cycle spaces								
Other (e.g. Bus								

Other (e.g. Bus)

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and
Mains sewer Cess pit	consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	☐ Yes ☐ No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system?	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere? Yes
piants)/ drawing(s).	How will surface water be disposed of?
• • •	Sustainable drainage system Existing water course
	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological	3 BEDREOM OWELLING
conservation features may be present or nearby and whether they are likely to be affected by your proposals.	
Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved	Is the site currently vacant? Yes No
and enhanced within the application site, or on land adjacent to	If Yes, please describe the last use of the site:
or near the application site?	
a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development No	When did this use end (if known)? DD/MM/YYYY
Designated sites, important habitats or other biodiversity	(date where known may be approximate)
eatures:  Yes, on the development site	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.
Yes, on land adjacent to or near the proposed development No	Land which is known to be contaminated? Yes
:) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?  Yes  No
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development  No	be particularly vulnerable to the presence of contamination?  Yes  No
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the	Does the proposal involve the need to
roposed development site? Yes \indox\nd/or: Are there trees or hedges on land adjacent to the	dispose of trade effluents or waste?  If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the development or might be important as part of the local landscape character?	of trade effluents or waste
f Yes to either or both of the above, you <u>may</u> need to provide a full ree Survey, at the discretion of your local planning authority. If a ree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning suthority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.	

1/. <b>Residential L</b> Does your proposal i If Yes, please comple	nclude th	ne ga	in, los	s or cl	hang	e of use of	reside:	ntial units?		No					
	Propos	sed	Hous	sing				I	Exist	ing	Hous	sing			
Market Housing	Not known				Bedr 4+	ooms Unknowr	Total	Market Housing	Not known				f Bedr	ooms	Tota
Houses							ā	Houses				1			1
Flats/maisonettes		2					2	Flats/maisonettes				Ť			10
Sheltered housing							Υ.	Sheltered housing							Ğ.
Bedsit/studios							d	Bedsit/studios							d
Cluster flats							Į0	Cluster flats							é
Other							Î	Other							F
		To	tals (a	1 + b +	C + C	1 + e + f) =	2			То	tals (a	a + b -	+ C + C	( + e + f) =	1
Social, Affordable	T		Numl	ner of	Redr	ooms	Total	Social, Affordable	T		Num	ber of	Bedr	ooms	Tota
or Intermediate Rent	Not known	1	2	3	4+	Unknown		or Intermediate Rent	Not known	1	2	3	4+	Unknown	020 505 500
Houses							8	Houses							a
Flats/maisonettes							b	Flats/maisonettes							b
Sheltered housing							C	Sheltered housing							C
Bedsit/studios							d	Bedsit/studios							d
Cluster flats							C!	Cluster flats							C
Other							Ĭ.	Other							Ĭ
		Tot	als (a	1 + b +	c + a	l + e + f) =	B			To	tals (a	1 + b +	- C + a	+ e + f) =	G
Affordable Home Ownership	Not known	1	Numl	per of		ooms Unknown	Total	Affordable Home Ownership	Not known	1	Numl 2	oer of	_	ooms Unknown	Tota
Houses		•	_	-		071111101111	a	Houses			_				8
Flats/maisonettes							Ь	Flats/maisonettes							la
Sheltered housing							8	Sheltered housing							C
Bedsit/studios							cl	Bedsit/studios							d
Cluster flats							е	Cluster flats							ē
Other							1	Other							Ť
¥		Tot	als (a	+ b +	c + d	+ e + f) =	C	¥		To	tals (a	+ b +	c + d	+ e + f) =	Н
Starter Homes	Not		Numb			ooms	Total	Starter Homes	Not		Numl	1	_		Tota
Houses	known	7	2	3	4+	Unknown		Houses	known	1	2	3	4+	Unknown	
Flats/maisonettes					_		b	Flats/maisonettes							b
Bedsit/studios								Bedsit/studios		-					
Other							le m'	Other							- 4
Other			To	tals (	a + h	+ C + d) =	B	Other			To	tals /	a + h	+ c + d) =	lu I
C. ICD. 31.1 I				3.53		ooms	Total	Cale Davidation of			Numl	^			Tota
Self Build and Custom Build	Not known	1	2	3		Unknown		Self Build and Custom Build	Not known	1	2	3		Unknown	
Houses							A	Houses							a
Flats/maisonettes							Ŋ	Flats/maisonettes							Ď
Bedsit/studios							Ć.	Bedsit/studios							ť.
Other							d	Other							d
	-		То	tals (a	a + b	+ C + d) =					То	tals (	a + b	+ C + d) =	J
Total proposed resi	idential	units	(A	+ B +	C + D	+ E) =	2	Total existing re	esidentia	l uni	its (	F + G	+ H +	1 + J) =	1
TOTAL NET GAIN or	LOSS of	f RES	IDEN	TIAL	JNIT	S (Propose	ed Hou	sing Grand Total - Exi	sting Ho	usin	g Gra	nd To	tal):	+1	

		•			ntial Floorspa use of non-resid		rspace?	[ <del>]</del> No
•			_		ease add details		•	<u> </u>
	se class/type		Not applicable		Gross interna to be lost by use or de	I floorspace change of molition	e Total gross interna	ed internal floorspace of following development
A1		ops						
	44.4.4	able area:	Ш					
A2	profession	cial and nal services						
A3	30.00	ts and cafes	닏				-	
A4	-	tablishments						
A5	<u> </u>	takeaways	<u></u> ,		•		•	•
B1 (a)		ner than A2) rch and						
B1 (b)	develo	pment	Ш	_				
B1 (c)		ndustrial	Ш					
B2		industrial						
B8		distribution and halls of						
C1	resio	dence						
C2		institutions						
D1	instit	sidential utions				1011		
D2	Assembly	and leisure						
OTHER								
Please Specify								
- 20	To	otal						
In ad	dition, for ho						ndicate the loss or gain	
Class	Type of use	Not applicable	Existi	ng rooms to be of use or den	lost by change nolition		ms proposed (including changes of use)	Net additional rooms
C1	Hotels Residential							
	Institutions							
OTHER								
Please Specify								
	ployment omplete the t		ormat	ion regarding e	mployees:	V/A		
			_	Full-time	<u> </u>	-time	Т	otal full-time equivalent
Exi	sting employ	yees	•		•			equivalent
Pro	posed emplo	yees						
20. Ho	urs of Ope	ning			NI	7 .		
f known	, please state	the hours of	oper	ning (e.g. 15:30)	for each non-re	sidential us	A INC.	
	Use	Mo	onday	to Friday	Saturda	y	Sunday and Bank Holidays	Not known
21. Site	Aron							
			,		. 9			
iease sta	ate the site a	rea in hectare	es (ha)	)	80.			

22. Industrial or Commercial Proce	sses and Machinery
Please describe the activities and processes be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed or	ıcts including   include the
Is the proposal a waste management develo	
If the answer is Yes, please complete the foll	owing table:
	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)  The total capacity of the void in cubic metres, including engineering surcharge and making no throughput in tonnes (or litres if liquid waste)
Inert landfill	
Non-hazardous landfill	
Hazardous landfill	
<sup>®</sup> Energy from waste incineration	
Other incineration	
Landfill gas generation plant	
Pyrolysis/gasification	
Metal recycling site	
Transfer stations	
Material recovery/recycling facilities (MRFs)	
Household civic amenity sites	
Open windrow composting	
In-vessel composting	
Anaerobic digestion	
Any combined mechanical, biological and/ or thermal treatment (MBT)	
Sewage treatment works	
Other treatment  Recycling facilities construction, demolition and excavation waste	
Storage of waste	
Other waste management	
Other developments	
Please provide the maximum annual operati	ional throughput of the following waste streams:
Municipal	
Construction, demolition and e.	xcavation
Commercial and industr	ial
Hazardous	
If this is a landfill application you will need to planning authority should make clear what i	o provide further information before your application can be determined. Your waste information it requires on its website.
23. Hazardous Substances	
Does the proposal involve the use or storage the following materials in the quantities state	
If Yes, please provide the amount of each sub-	ostance that is involved:
Acrylonitrile (tonnes)	Ethylene oxide (tonnes) Phosgene (tonnes)
Ammonia (tonnes)	Hydrogen cyanide (tonnes) Sulphur dioxide (tonnes)
Bromine (tonnes)	Liquid oxygen (tonnes) Flour (tonnes)
Chlorine (tonnes) Lic	quid petroleum gas (tonnes) Refined white sugar (tonnes)
Other:	Other:
Amount (tonnes):	Amount (tonnes):

### 24. 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 s 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):
				18/02/202
Town and Country Planning (De I certify/ The applicant certifies that I ha 21 days before the date of this applicati application relates. * "owner" is a person with a freehold interes * "agricultural tenant" has the meaning g	evelopment Manave/the applicant on, was the owner or leasehold into	erest with at least 7 years le	ngland) Order 2015 Certificate otice to everyone else (as listed enant** of any part of the land coeff to run.	under Article 14 below) who, on the da or building to which thi
Name of Owner / Agricultural Tenant		Address		Date Notice Served
<b>~</b>		~	•	~
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):

### 24. Ownership Certificates and Agricultural Land Declaration (continued)

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C** 

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

certify/ The applicant certifies that:

Neither Certificate A or B can be issued for this application

All reasonable steps have been taken to find out the names and addresses of the other owners\* and/or agricultural tenants\*\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

\* "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

The steps taken were:				
Name of Owner / Agricultural Tenant		Address		Date Notice Served
•	4	•	•	•
( <del>)                                    </del>				
Notice of the application has been publi (circulating in the area where the land is	  shed in the follo  situated):	wing newspaper	On the following da than 21 days before	ite (which must not be earlier the date of the application):
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY)
Town and Country Planning (Decertify/ The applicant certifies that: Certificate A cannot be issued for All reasonable steps have been to date of this application, was the have/ the applicant has been una "owner" is a person with a freehold interest "agricultural tenant" has the meaning githe steps taken were:	r this application aken to find out to owner* and/or a able to do so. at or leasehold into	the names and addresses gricultural tenant** of any	ogland) Order 2015 Ce of everyone else who, of part of the land to whi	
	badia da Gila		On the fall and a de	
lotice of the application has been publis circulating in the area where the land is		ving newspaper	than 21 days before	te (which must not be earlier the date of the application):
igned - Applicant		Orginad Assat	] [	Poto (DD/MM/AAAAAA
igned - Appl <mark>ic</mark> ant:		Or signed - Agent:		Date (DD/MM/YYYY):

25. Planning Application Requiremen	ts - Checklist	
Please read the following checklist to make sure on nformation required will result in your application the Local Planning Authority (LPA) has been subr	n being deemed ir	ne information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and da application form:	ted	The correct fee:
··· The original and 3 copies* of the plan which iden the land to which the application relates drawn to	o an	The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details):
dentified scale and showing the direction of Nor  The original and 3 copies* of other plans and dray  nformation necessary to describe the subject of	wings or	The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):
otal of four copies), unless the application is sub	mitted electronical lectronic format by	riginal plus three copies of the form and supporting documents (a lly or, the LPA indicate that a smaller number of copies is required. y post (for example, on a CD, DVD or USB memory stick). lanning department to discuss these options.
26. Declaration	•	
/we hereby apply for planning permission/conse nformation. I/we confirm that, to the best of my/ genuine opinions of the person(s) giving them.	nt as described in t our knowledge, an	this form and the accompanying plans/drawings and additional ny facts stated are true and accurate and any opinions given are the
Signed - Applicant:	Or signed - Agent:	: Date (DD/MM/YYYY):
	2	18 (07 (2021) (date cannot be pre-application)
27. Applicant Contact Details		28. Agent Contact Details
27. Applicant Contact Details Telephone numbers		28. Agent Contact Details  Telephone numbers
Telephone numbers	Extension number:	Telephone numbers  Extension
• •	Extension number:	Telephone numbers  Extension
Telephone numbers  Country code: National number:  01902 927 265		Telephone numbers  Country code: National number: Extension number:
Country code: National number:  O(902 927 265  Country code: Mobile number (optional):		Telephone numbers  Country code: National number:  D1902 927 265  Extension number:
Country code: National number:  O(902 927 265  Country code: Mobile number (optional):		Telephone numbers  Country code: National number:  Country code: 01902 927 265  Extension number:
Country code:  Mational number:  O(902 927 265  Country code:  Mobile number (optional):  Fax number (optional):		Telephone numbers  Country code: National number:  DIGOZ 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):
Country code:  National number:  O(902 927 265  Country code:  Mobile number (optional):  Country code:  Fax number (optional):	number:	Telephone numbers  Country code: National number:  DIGOZ 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):
Country code:  Mational number:  O(902 927 265  Country code:  Mobile number (optional):  Fax number (optional):	number:	Telephone numbers  Country code: National number:  DIGOZ 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):
Country code:  National number:  O(902 927 265  Country code:  Mobile number (optional):  Country code:  Fax number (optional):	number:	Telephone numbers  Country code: National number:  DIGOZ 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):
Country code: National number:  O(902 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  jakesedgemore@hotmai	number:	Telephone numbers  Country code: National number:  D1902 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  admin@stoneleigharchitectural.co.uk
Country code: National number:  O(902 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Jakesedsemore @ hotmai  29. Site Visit  Can the site be seen from a public road, public for the planning authority needs to make an appoint a site visit, whom should they contact? (Please)	number:	Telephone numbers  Country code: National number:  D1902 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  admin@stoneleigharchitectural.co.uk
Country code: National number:  O(902 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  jakesedgemore@hotmai  29. Site Visit Can the site be seen from a public road, public for the planning authority needs to make an appoint a site visit, whom should they contact? (Please of Other has been selected, please provide:	number:	Telephone numbers  Country code: National number:  D1902 927 265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  admin@ stoneleighcarchitectural . couk  or other public land?  Applicant Other (if different from the agent/applicant's details)
Country code:  National number:  O(902 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  jakesedsemore@hotmai	number:	Telephone numbers  Country code: National number:  DIGOZ 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  admin@stoneleighcachitectural.co.uk  or other public land?  Applicant Other (if different from the
Country code: National number:  O(902 927265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  jakesedgemore@hotmai  29. Site Visit Can the site be seen from a public road, public for the planning authority needs to make an appoint a site visit, whom should they contact? (Please of Other has been selected, please provide:	number:	Telephone numbers  Country code: National number:  D1902 927 265  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  admin@ stoneleighcarchitectural . couk  or other public land?  Applicant Other (if different from the agent/applicant's details)