

Civic Offices, Elstree Way Borehamwood Herts WD6 1WA Tel: 020 8207 2277 Fax: 020 8207 7444

Email: planning@hertsmere.gov.uk www.hertsmere.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.

. Applicant Name and Address		2. Agent	Name and Address
itle:	MRS First name: DiTI	Title:	MR First name: JOHN
ast name:	KOTECHA	Last name:	BISWELL
ompany optional):		Company (optional):	THE RM PARTNERSHIP
Jnit:	House number: House suffix:	Unit:	House number: 80 House suffix:
louse name:	KUMUD DARSHAN	House name:	HARBOURNE HOUSE
Address 1:	BARHAM AVENUE	Address 1:	HIGH STREET
Address 2:		Address 2:	
Address 3:		Address 3:	
own:	ELSTREE	Town:	BUSHEY
County:	HERTFORDSHIRE	County:	HERTFORD SHIRE
Country:	ENG GAND	Country:	ENGLAND
Postcode:	WD6 3PW.	Postcode:	WD23 3HD

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:	authority about this application?  Yes  No				
House name: KUMUD DARSHAN	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: BARHAM AVENUE	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:				
Town: ELSTREE	Reference:				
County: HERTFORDSHIRE					
Postcode (optional): WD6 3PW	Date (DD/MM/YYYY): (must be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: 518659 Northing: 196192					
Description:					
5. Description Of Your Proposal					
Please provide a description of the approved development as shown and date of decision in the sections below:	on the decision letter, including the application reference number				
	RUCTION OF REPLACEMENT 2 STOREY, 6 BED				
	RUCTION OF RESPIACEMENT 2 STOREY, 6 BEDD HIN THE ROOF SPACE, WITH INTEGRAL GRAGES				
PARKING PROVISION AND ANCILLARY EXTER	WAL WORKS.				
Reference number: 19/1341/FUL Date of decision: 05/02/2020 (Date must be pre-application submission) (DD/MM/YYYY)					
Please state the condition number(s) to which this application relates	S:				
1. 2	6.				
2. 3	7.				
3. 4	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): (date must be pre-application submission)					
6 Discharge Of Condition					
6. Discharge Of Condition Please provide a full description and/or list of the materials/details the	nat are being submitted for approval:				
Please provide a full description and/or list of the materials/details th	nat are being submitted for approval:  351127/KES   01(A), (III) EXTERNAL FACING				
Please provide a full description and/or list of the materials/details th	nat are being submitted for approval:  351127/KES (01(A), (II) EXTERNAL FACING ), EXTERNAL WORKS DRAWING NOS-				
	nat are being submitted for approval:  351127/KES OI (A), (III) EXTERNAL FACING ), EXTERNAL WORKS DRAWING NOS- FER TO E-MAIL DATES IS THEBRUARY 2021				
Please provide a full description and/or list of the materials/details th	nat are being submitted for approval:  351127/KES OI (A), (III) EXTERNAL FACING ), EXTERNAL WORKS DRAWING NOS- FER TO E-MAIL DATES 15 THEBRUARY 2021				
Please provide a full description and/or list of the materials/details the (i) HAR DS CAPING & ENCLOSURES SCHEMILE, K3 MATERIALS, SCHEMILE K351127/EFM/01(AK351127/EW1, EW2 AND EW3 AND RE	nat are being submitted for approval:  351127/KES OI(A), (III) EXTERNAL FACING ), EXTERNAL WORKS DRAWING NOS- FER TO E-MAIL DATES 15 THE FEBRUARY 2021  Yes No				
Please provide a full description and/or list of the materials/details the CONTROLLE AS SCHEDULE K3 MATERIALS SCHEDULE K351127/EFM/OI(A) K351127/EFM/OI(A) EW2 AND EW3 AND RESTRICT FOR THE DISCHARGE Of Condition(s)	STILZE KES OI (A), (III) EXTERNAL FACING ), EXTERNAL WORKS DRAYVING NOS- FER TO E-MAIL DATES IS THE BRUARY 2021  Yes No				

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed inv the Local Planning Authority has been submitted.			
completed and dated application form: or in	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:		
The correct fee: $£116-00p$			
9. Declaration  //we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.  Signed - Applicant:  Date (DD/MM/YYYY):	onis form and the accompanying plans/drawings and additional affacts stated are true and accurate and any opinions given are the or signed - Agent:  THE R.M. PARTWERSHIP		
(date cannot be pre-application)			
10. Applicant Contact Details	11. Agent Contact Details		
Telephone numbers	Telephone numbers		
Country code: National number:  Country code: Mobile number (optional):  Extension number:  Description of the control of the	Country code: National number:    D208 950 8505		
Country code: Fax number (optional):	Country code: Fax number (optional):		
Email address (optional):	Email address (optional):  sohn. biswell@thermpartnership.co.uk		
12. Site Visit			
Can the site be seen from a public road, public footpath, bridleway o	r other public land? Yes No		
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Other (if different from the agent/applicant's details)		
If Other has been selected, please provide:	agentrapplicant suctains)		
Contact name:	Telephone number:		
MR. JOHN BISWELL / THE RM ARTNERSHIP	0208 950 8505		
Email address: john. bis well@thermpartnership. co.uk			