

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

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) 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 its obligations in regards to the processing of your application. Please refer to its 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:

Publication 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 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 Local Planning 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 | | | | | |
|----------------------------|-------------|------------------|---------------|--|--|
| Title: | Mr | First name: | Roger | | |
| Last name: | Kayes | | | | |
| Company (optional): | | | | | |
| Unit: | | House number: | House suffix: | | |
| House name: | Trewartha | | | | |
| Address 1: | Chapel Hill | | | | |
| Address 2: | Perranporth | | | | |
| Address 3: | | | | | |
| Town: | | | | | |
| County: | Cornwall | | | | |
| Country: | | | | | |
| Postcode: | TR6 0D | Q | | | |

| 2. Agent | Name and Address |
|------------------------|-----------------------------|
| Title: | First name: |
| Last name: | |
| Company (optional): | |
| Unit: | House number: House suffix: |
| House name: | |
| Address 1: | |
| Address 2: | |
| Address 3: | |
| Town: | |
| County: | |
| Country: | |
| Postcode: | |

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| 3. Site Address Details Please provide the full postal address of the application site. Unit: House House suffix: House number: guffix: Trewartha (part of site subject to development re-named Chi Lowarth - Garden House) Address 1: Chapel Hill Address 2: Address 3: Perranporth Town: | | | 4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? Yes X No 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 as possible: Officer name: | | | |
|---|------------------------------------|--------------------------|---|----------|--|--|
| County: | | | Reference: | | | |
| | stcode TR6 ODO | | Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? | | | |
| Easting: | Northing: | | | | | |
| Description: Single dwelling to rear of Trewartha, Chapel Hill TR6 0DQ | | | | | | |
| 5. Description Of Your Proposal 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: Construction of new dwelling in garden of existing dwelling | | | | | | |
| Reference n | number: PA14/06405 | Date of decision: | 09/11 | /2015 | (Date must be pre-application submission) (DD/MM/YYYY) | |
| | e the condition number(s) to which | this application relates | | | | |
| 1. (| Condition 2 - access | | 6. | | | |
| 2. (| Condition 3 - landscaping | | 7. | | | |
| 3. | | | 8. | | | |
| 4. | | | 9. | , | | |
| 5. | | | 10. | | | |
| Has the dev | velopment already started? | | Ī | X Yes | No | |
| If Yes, plea | se state when the development sta | rted (DD/MM/YYYY): | 8 | 12/05/2 | 2016 (date must be pre-application submission) | |
| Has the dev | velopment been completed? | | · | Yes | X No | |
| If Yes, plea | se state when the development wa | s completed (DD/MM/ | YYYY): | | (date must be pre-application submission) | |
| 6. Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval: 1. Word doc: Information in support of PA21/00283. 2 Landscaping Proposals, PA21/00283 3. Image 1 View from back lawn of path/fence 4. Image 3, area with covenant for reversing, turning (Image 2 omitted for simplicity) | | | | | | |
| 7. Part Discharge Of Condition(s) | | | | | | |
| Are you seeking to discharge only part of a condition? Yes X No | | | | Yes X No | | |
| If Yes, please indicate which part of the condition your application relates to: | | | | | | |

| 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 invented. the Local Planning Authority (LPA) has been submitted. | e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by | | | | | | |
|--|---|--|--|--|--|--|--|
| The original and 3 copies* of a completed and dated application form: | original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application: | | | | | | |
| The correct fee: | | | | | | | |
| *National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options. | | | | | | | |
| 9. Declaration I/we hereby apply for planning permission/consent as described in the linformation. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. | facts stated are true and accurate and any opinions given are the | | | | | | |
| Signed - Applicant: | Or signed - Agent: | | | | | | |
| | | | | | | | |
| Date (DD/MM/YYYY): | | | | | | | |
| 08/02/2021 (date cannot be pre-application) | | | | | | | |
| 10. Applicant Contact Details | 11. Agent Contact Details | | | | | | |
| Telephone numbers | Telephone numbers | | | | | | |
| Country code: National number: Extension number: | Country code: National number: Extension 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): | | | | | | |
| rogerkayes7@gmail.com | | | | | | | |
| 12. Site Visit | | | | | | | |
| Can the site be seen from a public road, public footpath, bridleway or other public land? Yes X 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 X Applicant Other (if different from the agent/applicant's details) | | | | | | |
| Other has been selected, please provide: | | | | | | | |
| Contact name: | Telephone number: | | | | | | |

Email address: