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Householder Application for Planning Permission for works or extension to a dwelling 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. Any ubsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in

Jpon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their bligations in regards to the processing of your application. Please refer to their 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:



Riverside House, Milverton Hill Royal Leamington Spa, CV32 5HZ

Tel: 01926 456130 Email: planningenquiries@warwickdc.gov.uk

Publication on Local Planning Authority websites

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

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 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.

Title:	MR First name: VILANDOR	
_ast name:	DAHIYA	
Company (optional):	The state of the s	
Jnit:	House number: 52 House suffix:	
House name:		
address 1:	BUCY ROAD	
ddress 2:		
ddress 3:		
own:	LEAMINGTON SPA	
ounty:	WARWICKSHIRE	
ountry:	OK	
ostcode:	CV31 3HN	

	t Name and Address
Title:	MCS First name: PARACCA
Last name:	emar
Company (optional):	CPCB ARCHTIECTI CTO
Unit:	House number: 9 House suffix: -
House	M .
name:	MICCAK COURT
Address 1:	STATION ROAD
Address 2:	
Address 3:	
Town:	KENICHOLTH
County:	WACWICLUSTURE
Country:	UK
ostcode:	CV8 150

Please describe the proposed works:			
	Settensian And SINGLE STOREY		
Has the work already started? Yes No			
f Yes, please state when the work was started (DD/MM/YYYY): Has the work already been completed? Yes No	(date must be pre-application submission		
f 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 suffix: House suffix:	5. 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		
House name:	Is a new or altered pedestrian access proposed to or from the public highway? Do the proposals require any diversions,		
Address 1: BUEY ROAD	extinguishments and/or creation of public rights of way? Yes No		
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)/		

	(date must be pre-application submission
Has the work already been completed?	
f 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 suffix: House	5. 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
name: Address 1: BUEY ROAD Address 2: — Address 3:	Do the proposals require any diversions, 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):
Town: LEAMINGTON SPA County: WAKURCKSTURE Postcode (optional): CU31 3HN	
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.

Will the proposed works affect existing car parking arrangements? Yes No If Yes, please describe:					
nearis related, by birt	oloyee / Member ciple of decision-making that the process is open a th or otherwise, closely enough that a fair minded a vas bias on the part of the decision-maker in the loc	nd informed obs	server having considered the facts	related	d to"
Do any of the following	ng statements apply to you and/or agent?	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		
If Yes, please provide	details of their name, role and how you are related	to them.			
10. Materials f applicable, please sta	ate what materials are to be used externally. Includ	e type colour ar	nd name for each material:		
	Existing (where applicable)	Proposed	d Hame for each material.	Not applicable	Don't Know
Walls	RED FACING BRICK WORK WITH RENDER AT PIRST PLOOR LEVEL	EXIST	ATCH TNOT IN SIZE JOUR,		
Roof	BLUE SLATES WITH HAUF-ROUND CLAY HIP + RIDGE TILES		ATCH INGT.		
Windows	WHITE UPVC BOUBLE-GLAZED CASEMENTS	TO MA	The state of the s		
Doors	WHITE UPVC	WHIT	E UPVC.		
Boundary treatments (e.g. fences, walls)	1.8 M HIGH LARCH LAP FENCE PANELS WITH CONC. POSTS		TO MATCH ING WORK.		

ro. materials			
If applicable, please s	state what materials are to be used externally. Include	de type, colour and name for each material:	
Vehicle access and hard-standing	OPF-STREET PARKINGT (EXISTING)	N/A.	
Lighting	STREET LIGHTING (EXISTING)	AS EXISTING	
Others (please specify)	NTA	N/A.	
Are you supplying add	ditional information on submitted plan(s)/drawing(s) erences for the plan(s)/drawing(s)/design and access)/design and access statement? Yes statement:	No
	SEE PLANING	3	

Strict Strip Ger tilicates 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 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

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): 25.11.2020 ECDEB ARCHITECT GO 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 "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	
	Address	Date Notice Served
	.)	11-
	N	IA
ned - Applicant:	Or signed - Agent:	
	J same significant	Date (DD/MM/YYYY)

- 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 Name of Owner / Agricultural Tenant Address Date Notice Served Notice of the application has been published in the following newspaper (circulating in the area where the land is situated): On the following date (which must not be earlier than 21 days before the date of the application): Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY) CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else 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 to which this application relates, but I "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: NA lotice of the application has been published in the following newspaper circulating in the area where the land is situated): On the following date (which must not be earlier than 21 days before the date of the application): gned - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

relates drawn to an identified scale and showing the direction of North: The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	t all the information in support of your proposal. Failure to submit all ned invalid. It will not be considered valid until all information required by and 3 copies* of a ccess statement if picks fall within a area or area or ge Site, or relate to a g: The correct fee: The correct fee: The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):
13. Declaration	ne original plus three copies of the form and supporting documents (a cally or, the LPA indicate that a smaller number of copies is required. It by post (for example, on a CD, DVD or USB memory stick). If planning department to discuss these options. In this form and the accompanying plans/drawings and additional any facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or signed - Or signed - Applicant:	iny facts stated are true and accurate and any opinions given are the
	Date (DD/MM/YYYY):
14. Applicant Contact Details	DCB ACCHURED COD 25.11.2020 (date cannot be
Telephone numbers	15. Agent Contact Details
Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional):	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional):
Email address (optional):	
	Email address (optional):
6. Site Visit	Studiora) colbarchetects. cor or
an the site be seen from a public road, public footpath, bridleway or o the planning authority needs to make an appointment to carry it a site visit, whom should they contact? (Please select only one) Other has been selected, please provide: ontact name:	other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:
3.77,0	
nail address: Studida alla	07947-608990
nail address: Studida collowrchitech. Co-UC	