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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:



PO Box 2374, Council House,
Freeth Street, Oldbury.
West Midlands, B69 3DE
Tel. 0121 569 4054/5
Email: planning@sandwell.gov.uk

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.

| 1. Applicant Name and Address | 2. Agent Name and Address |
|--------------------------------|---------------------------|
| Title: MIZ. First name: NAHEEM | Title: First name: |
| Last name: SHUKAT | Last name: |
| Company (optional): | Company (optional): |
| Unit House House suffix: | Unit: House House suffix: |
| House name: | House name: |
| Address 1: 74 | Address 1: |
| Address 2: BERTRAM READ | Address 2: |
| Address 3: | Address 3: |
| TOWN: SMETHWICK | Town: |
| County WEST MIDLANDS. | County: |
| Country: ENGLAND. | Country: |
| Postcode: B67 7NZ | Postcode: |
| | |

| RETENSION OF SIMPLE STORY REAR EXTENSION of DETACHED OUT BILLDING. | | | |
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| Has the work already started? | | | |
| If Yes, please state when the work was started (DD/MM/YYYY): | [/ /] | | |
| Has the work already been completed? | | | |
| If Yes, please state when the work was completed (DD/MM/YYYY): | (date must be pre-application submission) | | |
| 4. Site Address Details | 5. Pedestrian and Vehicle Access, Roads and Rights of Way | | |
| Please provide the full postal address of the application site. Unit: House House | Is a new or altered vehicle access proposed to or from the public highway? Yes No | | |
| House suffix: | is a new or altered pedestrian access | | |
| name: | proposed to or from the public highway? Yes No Do the proposals require any diversions, | | |
| Address 1: 74 | extinguishments and/or creation of public | | |
| Address 2: EFRTRAM ROAD | If Yes to any questions, please show details on your plans or | | |
| Address 3: | drawings and state the reference number(s) of the plan(s)/ drawing(s): | | |
| Town: SMETHNICK | | | |
| County: WEST MIDLANDS | | | |
| Postcode (optional): 867 7NZ, | | | |
| | | | |
| Has assistance or prior advice been sought from the local authority about this application? Yes 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 possible: Officer name: ERVIN HOXHA | 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: | | |
| 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. | | |

DESCRIPTION OF THE PROPERTY OF

| 8. Parking Will the proposed works affect existing car parking arrangements? Yes No If Yes, please describe: | | 9. Authority Employee / Member 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 the name, relationship and role | | No |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|
| 10. Materials If applicable, please sta | te what materials are to be used externally. In | nclude type, colour and name for each material: | | |
| | Existing (where applicable) | Proposed | Not applicable | Don't Know |
| Walls | BRICK (SOLIA) | BAKK & BLOCK | | |
| Roof | FLAT ROOF. FELT COVERING | MOND PITCH. TILES | | |
| Windows | TIMBER | WHITE UP.VC. | | |
| Doors | TIMBER | WHITE. uP.V.C. | | |
| Boundary treatments (e.g. fences, walls) | BRICK | BRICK | | |
| Vehicle access and hard-standing | NA | NX | | |

Fig. 1. The second seco

| Lighting | N | M | | |
|----------------------------|------------------------------------------|---|-------|----|
| Others (please specify) | | | | |
| | es for the plan(s)/drawing(s)/design and | | Yes [| No |
| | | | | |

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. Date (DD/MM/YYYY) Or signed - Agent Signed - Applicant IFICATE 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 Date Notice Served Name of Owner / Agricultural Tenant Address Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant:

| 12. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the | information in support of your proposal. Failure to submit all |
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| the Local Planowing Authority (LPA) has been submitted. | ralid. It will not be considered valid diffit all thought and of the all the considered valid diffit all the considered valid |
| The original and 3 copies' of a completed and dated application form: 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: The original and 3 copies' of other plans and drawings or information necessary to describe the subject of the application. | I within a The original and 3 copies* of the completed, dated Ownership |
| "National legislation specifies that the applicant must provide the ortotal of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by you can check your LPA's website for information or contact their plant. | DOM HER PRAIMING, CALLAND, LAVIS OF THE PARTY OF THE PART |
| 13. Declaration Live hereby apply for planning permission/consent as described in the information. Live confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent | Date (DD/MM/YYYY) O2 -02-21 (date cannot be pre-application) |
| 14. Applicant Contact Details | 15. Agent Contact Details |
| Country code. National number: Extension number: | Telephone numbers Country code: National number: Extension number. |
| 2 | Country code: Mobile number (optional): |
| | Country code: Fax number (optional): |
| Email address (optional): | Email address (optional): |
| 16. Site Visit | |
| Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: | rother public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number |
| MC MOHAMMED SHOKAT | |
| Email address: | |