Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

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.

1. Applica	ant Name and Address	2. Agent Name and Address
Title:	VR First name:	Title: M2 First name: Rance Rance
Last name:	LAL	Last name: Pope
Company (optional):		Company POPE INGRAM ASSOCIATES
Unit:	House 97 House suffix:	Unit: House 44 House suffix:
House name:		House name:
Address 1:	EDEN DRIVE	Address 1: CAMPION ROAM
Address 2:	HEADIN GTON	Address 2: ABINGINO
Address 3:	OXFORD	Address 3: O-CON
Town:		Town:
County:		County:
Country:		Country:
Pastcode:	QX3 CXD	Postcode: 044 370
Please descr	ption of Proposed Works The proposed works: SINGLE STOREY FOAT	ROOF CYTENSION.

3. Descri	ption of Proposed Works (continued)	
Has the wor	kalready started? Yes No	
If Yes, pleas	e state when the work was started (DD/MM/YYYY):	(date must be pre-application submission
Has the wor	k already been completed? Yes No	
If Yes, pleas	e state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
A Site Ac	dress Details	TE Dadagering and Walista Carres Dands and Distres (19)
	ide the full postal address of the application site.	5. Pedestrian and Vehicle Access, Roads and Rights of Way Is a new or altered vehicle access
Unit:	House 27 House suffix:	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? Yes No
Address 1:	EDEN DRIVE	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No
Address 2:	HEADING 7010	If Yes to any questions, please show details on your plans or
Address 3:	CXFORD	drawings and state the reference number(s) of the plan(s)/ drawing(s);
Town:		
County:		
Postcode (optional):	$0 \times 3 \circ A_0$	
you were giv application r Please tick if	complete the following Information about the advice ven. (This will help the authority to deal with this more efficiently). the full contact details are not then complete as much possible:	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Dia farana any		
Reference:	Chara (CSC) MANUSANA	Will any trees or hedges need to be removed or pruned in order to carry out your proposal?
	Date (DD MM YYYY): -application submission)	If Yes, please show on your plans which trees by giving them
Details of th	e pre-application advice received:	numbers e.g. T1, T2 etc. state the reference number of the plan(s)/drawing(s) and indicate the scale.
	osed works affect arking arrangements? Yes No	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

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls		TO MATCH		
Roof		FLATROOF WHITE FASCIA		
Windows		To MATCH		
Doors		TO MATCH		
Boundary treatments (e.g. fences, walls)		CKISTING		
Vehicle access and hard-standing		NO CHANGE		
ighting				
Others please specify)				
Yes, please state refer	ences for the plan(s)/drawing(s)/design	H (하나) 그리트 11년 (12년 12년 12년 12년 12년 12년 12년 12년 12년 12년		No CA

11. Ownership Certificates				
I certify/The applicant certifies that owner (owner is a person with a freel which the application relates.	Planning (General De on the day 21 days before	of OWNERSHIP - Ovelopment Procedure the date of this a	CERTIFICATE A ure) Order 1995 Certificate u polication pobody except mys	nder Article 7 self/ the applicant was the of the land or building to
Signed - Applicant:				Date (DD/MM/YYYY);
				7/1/2021
Town and Country I certify/ The applicant certifies tha 21 days before the date of this appl left to run) of any part of the land or	Planning (General Devi t I have/the applicant in ication, was the owner (as given the requisit owner is a person wi	re) Order 1995 Certificate un te notice to everyone else (as l	listed below) who, on the day
Name of Owner		Addre	255	Date Notice Served
 Certify/ The applicant certifies that: Neither Certificate A or B ca All reasonable steps have b 	CERTIFICATE of Planning (General Deventon in the issued for this applean taken to find out the	lication e names and addres	ERTIFICATE C re) Order 1995 Certificate un ses of the other owners (owne building, or of a part of it, but	r is a marron with a frankald
Name of Owner		Addre	SS	Date Notice Served
Notice of the application has been p (circulating in the area where the lar	ublished in the following	g newspaper	On the following date (w than 21 days before the	hich must not be earlier date of the application):
Signed - Applicant:		r signed - Agent		Date (DD/MM/YYYY):
				Date (DESTRIPTION TO TELL):

 Certify/ The applicant certifies that: Certificate A cannot be issued fo All reasonable steps have been to date of this application, was the 	CERTIFICATE OF OWNERSHIP ning (General Development Proce	resses of everyone else who, on	the day 21 days before the with at least 7 years left to run)
Notice of the application has been public (circulating in the area where the land is			e (which must not be earlier he date of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
	quisite notice to every person other	omplete Either A or B ultural holding.	Date _I (DD _I MM/YYYY). $7 / I / 202I$ o, on the day 21 days
as listed below: Name of Tenant	Ad	dress	Date Notice Served
Signed - Applicant:	Or signed - Agent		Date (DD/MM/YYYY):
13. Planning Application Require Please read the following checklist to makinformation required will result in your applied Local Planning Authority has been sufficiently and and accompleted and dated application form: The original and accopies 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 accopies of other plans and drawings or information necessary to describe the subject of the application:	re sure you have sent all the information being deemed invalid. It was mitted. The original and 4 copies of design and access statement proposed works fall within the following designated at a National Park National Park Site of special scientific in Conservation area Area of outstanding nature	ral beauty The correct fee one of the confidence of the completed, data and the completed. The original and the complete of t	d all information required by CASE ROYLSE CMAIL d Acopies of the ted Ownership d. C or D - as applicable): d 3 copies of the ted Article 7 Certificate

14. Declarat	ion			
	oly for planning permission/cons	ent as described in the	nis form and the accompanying plans/drawings a	
Jiginos rijapine			1/7/202	
15. Applicar	nt Contact Details		16. Agent Contact Details	
Telephone num	nbers .		Telephone numbers	
Country code:	National number:	Extension number:	Country code: National number:	Extension number:
Country code:	Mobile number (optional):		Country code:	
Country code:	Fax number (optional):		Country code: Fax number (optional):	
Email address (optional):		Email address (optional):	
17. Site Visit				
If the planning a	seen from a public road, public for authority needs to make an appo whom should they contact? (Pleas	intment to carry	Agent Applicant Other	r (if different from the t/applicant's details)
If Other has been selected, please provide: Contact name:		Telephone number:	and the first time and it is not the second result.	
Email address:				