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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:

## **Durham County Council**

Regeneration and Economic Development Planning Development County Hall Durham DH1 5UL



### 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. Applic              | cant Name and Address         |
|------------------------|-------------------------------|
| Title:                 | MR First name: STEPHEN        |
| Last name:             | MURRAY.                       |
| Company<br>(optional): |                               |
| Uniț:                  | House number: 7 House suffix: |
| House name:            |                               |
| Address 1:             | THE CEDARS                    |
| Address 2:             |                               |
| Address 3:             |                               |
| Town:                  | COXHOE.                       |
| County:                | DUEHAM .                      |
| Country:               |                               |
| Postcode:              | DH & 456                      |

| 2. Agent               | Name and Address                |
|------------------------|---------------------------------|
| Title:                 | MR First name: PETER            |
| Last name:             | WRIGHT.                         |
| Company<br>(optional): | THE WRIGHT BUILDING TO LTD      |
| Unit:                  | House number: 144 House suffix: |
| House name:            |                                 |
| Address 1:             | FOWLERSTREE!                    |
| Address 2:             |                                 |
| Address 3:             |                                 |
| Town:                  | SOUTHSHELDS                     |
| County:                | TYNG 4 WERE                     |
| Country:               |                                 |
| Postcode:              | NE33192.                        |

Version zono.

| 3. Description of Proposed Works  |  |
|---|--|
| Please describe the proposed works:   |  |
| 2 STOREY REAR EXTENSION   |  |
| Has the work already started?   |  |
| If Yes, please state when the work was started (DD/MM/YYYY):  | (date must be pre-application submission   |
| Has the work already been completed?  ☐ Yes  ☑ No   |  |
| 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 number: 7 House suffix:  House name:  Address 1: THE CEDARS:  Address 3: Town: COXI-IOE  County: Postcode (optional): DHG HSG.  Correspolication Advice  Has assistance or prior advice been sought from the local authority about this application? Yes No  f Yes, please complete the following information about the advice | 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 No Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No 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):  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? Yes No |
| 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:  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.   |
|   | V8-21011 2016.1  |

| 8. Parking                                  |  | grant and the state of the stat | The second secon | 35-31-4-4-C       |               |
|---|--|--|--|-------------------|---------------|
|   | rks affect existing car parking arrangements?  | Yes 🔀 N  | 0  |                   |               |
| If Yes, please describe                     | 2;   |  |  |                   |               |
|   |  |  |  |                   |               |
| incarp related, by bit ti                   | ciple of decision-making that the process is open and or otherwise, closely enough that a fair minded as | ad informed one  | erver having conclused the feet  | related           | to"           |
| conclude that there wa                      | as bias on the part of the decision-maker in the local g statements apply to you and/or agent? Yes       | al planning auth   | ority.  With respect to the authority, I amember of staff  (b) an elected member  (c) related to a member of staff  (d) related to an elected member   | m;                | L             |
| If Yes, please provide of                   | details of their name, role and how you are related t  | to them.   |  |                   |               |
|   |  |  |  |                   |               |
| 10. Materials                               |  |  |  |                   |               |
| If applicable, please sta                   | te what materials are to be used externally. Include   | e type, colour ar  | nd name for each material:   |                   |               |
|   | Existing<br>(where applicable)   | Proposed   |  | Not<br>applicable | Don't<br>Know |
| Walls                                       |  | TO MA  | STING  |                   |               |
| Roof  |  | to   | MATCH<br>CISTING   |                   |               |
| Windows                                     |  | Tos  | NATCH<br>NISTING   |                   |               |
| Doors                                       |  | TO   | natch<br>isting.   |                   |               |
| Boundary treatments<br>(e.g. fences, walls) |  |  |  |                   | ×             |

| Vehicle access and<br>hard-standing   |  |       |
|---|--|-------|
| Lighting  |  |       |
| Others<br>(please specify)  |  |       |
| Are you supplying additional information on f Yes, please state references for the plan(s)/ | submitted plan(s)/drawing(s)/design and access statement?  Grawing(s)/design and access statement: | No 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. Signed - Applicant: Date (DD/MM/YYYY): CERTIFICATE OF CAMERS IN 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 Name of Owner / Agricultural Tenant Address Date Notice Served Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

| 11 Ownership Certificates and A   | grioultural Land Dada - 1 /   |   |  |
|---|---|---|--|
| Neither Certificate A or B can be iss   | CERTIFICATE OF OWNERSHIP - CE clopment Management Procedure) (sued for this application sen to find out the names and address it, but I have/ the applicant has been to the second interest with at least 7 years and 1 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to | RTIFICATE C<br>England) Order 2015 Certificates<br>es of the other owners* and/or<br>unable to do so. |  |
| Name of Owner / Agricultural Tenant   | Address   | S   | Date Notice Served   |
| Notice of the application has been published (circulating in the area where the land is site.)  Signed - Applicant:     | ed in the following newspaper<br>ruated):<br>Or signed - Agent:   | On the following date (wh than 21 days before the da  | ich must not be earlier ate of the application):  Date (DD/MM/YYYY): |
|   |   |   | Date (OD/MINI/YYYY):   |
| I certify/ The applicant certifies that:  Certificate A cannot be issued for this  All reasonable steps have been taken | s application I to find out the names and addresses I to find out the names and addresses I to do so. I to do so. I to do so. I to assert of an and addresses I to a so. I to a section 65(8) of the Town and Country In the following newspaper              | of everyone else who, on the day part of the land to which this                                       | ay 21 days before the application relates, but I                     |
| Signed - Applicant:   | Or signed - Agent:  | dian 21 days before the date  |  |
|   | S. Signed Agent.  |   | Date (DD/MM/YYYY):   |

| the Local Planning Authority (LPA) has been submitted.  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: | all the information in support of your proposal. Failure to submit all aid invalid. It will not be considered valid until all information required by and 3 copies* of a cess statement if it is fail within a area or e Site, or relate to a g:  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):  The original plus three copies of the form and supporting documents (a ically or, the LPA indicate that a smaller number of copies is required. |
|--|--|
| 13. Declaration  |  |
| I/we hereby apply for planning permission/sopsont as decadled  | in this form and the accompanying plans/drawings and additional any facts stated are true and accurate and any opinions given are the  Date (DD/MM/YYYY):  8/3/2021 (date cannot be pre-application)   |
| 14. Applicant Contact Details  | 15. Agent Contact Details  |
| Country code: National number.  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):   | Telephone numbers  |
| 16. Site Visit  Can the site be seen from a public road, public footpath, bridleway  f the planning authority needs to make an appointment to carry  out a site visit, whom should they contact? (Please select only one)  f Other has been selected, please provide:  Contact name:   | y or other public land? Yes No  Applicant Other (if different from the agent/applicant's details)  |
|  |  |