Householder Application for Planning Permission for works or extension to a dwelling.

Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

LEANNE

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.

First name:

1. Applicant Name and Address

Title:

Last name:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Title:

Last name:

2. Agent Name and Address

First name: MARTIN

| | ORPILLL | | -700070 |
|------------------------|--------------------------------|---------------------|---|
| Company (optional): | | Company (optional): | UPPER GLASS CONSERVATORIES |
| Unit: | House number: 95 House suffix: | Unit: | House number: 44 House suffix: |
| House name: | | House name: | |
| Address 1: | O RCHARD AVENUE | Address 1: | NUTBELRY AVE |
| Address 2: | | Address 2: | |
| Address 3: | | Address 3: | |
| Town: | SOUTH OCKENDON | Town: | GRAYS |
| County: | ESSEX . | County: | ESSEX |
| Country: | | Country: | |
| Postcode: | RM15 645 | Postcode: | RMIG 2TL |
| 3. Descrip | otion of Proposed Works | | *************************************** |
| Please descr | ibe the proposed works: | | |
| 4 | CONSERVATORY TO | OPEAR | |
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| 3. Description of Proposed Works (continued) | |
|--|---|
| Has the work already started? Yes No | |
| If Yes, please state when the work was started (DD/MM/YYYY): | (date must be pre-application submission) |
| 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. | Is a new or altered vehicle access |
| Unit: House number: 95 House suffix: | proposed to or from the public highway? Yes No Is a new or altered pedestrian access |
| House name: | proposed to or from the public highway? Yes VNo Do the proposals require any diversions, |
| Address 1: ORCHARD RD | extinguishments and/or creation of public rights of way? |
| Address 2: | 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: SOUTH OCKENDON | |
| County: ESJEX | |
| Postcode (optional): | |
| 6. Pre-application Advice | 7. Trees and Hedges |
| Has assistance or prior advice been sought from the local | Are there any trees or hedges on your own |
| authority about this application? | property or on adjoining properties which |
| If Yes, please complete the following information about the advice | are within falling distance of your proposed development? Yes No |
| you were given. (This will help the authority to deal with this | If Yes, please mark their position on a scaled |
| application more efficiently). Please tick if the full contact details are not | plan and state the reference number of any plans or drawings: |
| known, and then complete as much possible: | |
| Officer name: | |
| | |
| Reference: | |
| | Will any trees or hedges need |
| Date (DD MM YYYY): | to be removed or pruned in order to carry out your proposal? Yes No |
| (must be pre-application submission) | If Yes, please show on your plans which trees by giving them |
| Details of the pre-application advice received: | numbers e.g. T1, T2 etc, state the reference number of the plan(s)/ |
| | drawing(s) and indicate the scale. |
| | |
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| | |
| 8. Parking | 9. Authority Employee / Member |
| Will the proposed works affect existing car parking arrangements? Yes No | With respect to the Authority, I am: (a) a member of staff Do any of these |
| If Yes, please describe: | (b) an elected member statements apply to you? |
| | (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 | RENDERED BRICK | BRICK | | |
| Roof | TILES | GLAZED | | |
| Windows | WHITE PVCK | WHITE Proces. | | |
| Doors | WHITE PVCU | WHITE PVCU | | |
| Boundary treatments (e.g. fences, walls) | | | | |
| Vehicle access and hard-standing | | | | |
| Lighting | | | | |
| Others (please specify) | | | | |
| | litional information on submitted plan(s)/drawirences for the plan(s)/drawing(s)/design and ac | | Yes [| No |
| | | | 5. | |

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 2010 Certificate under Article 12 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 application relates but the land is, or is part of | appropriate, if you are the sole owner of the la | nd or building to which the |
|---|--|---|
| * "owner" is a person with a freehold interest or leas | MAS CONTRACTOR OF THE PROPERTY | section 65(8) of the Act. |
| Signed - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY): |
| | | 7/4/2021 |
| Town and Country Planning (Developm I certify/ The applicant certifies that I have/the a 21 days before the date of this application, was application relates. * "owner" is a person with a freehold interest or least | RTIFICATE OF OWNERSHIP - CERTIFICATE B ent Management Procedure) (England) Order 2 applicant has given the requisite notice to everyor the owner* and/or agricultural tenant** of any posehold interest with at least 7 years left to run. ection 65(8) of the Town and Country Planning Act 19 | art of the land or building to which this |
| Name of Owner / Agricultural Tenant | Address | Date Notice Served |
| | | |
| | | |
| | | |
| | | |
| | | |
| Signed - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY): |

| Town and Country Planning (Devil certify/ The applicant certifies that: Neither Certificate A or B can be All reasonable steps have been t the land or building, or of a part "owner" is a person with a freehold interes | Agricultural Land Declaration (con CERTIFICATE OF OWNERSHIP - CERTIFICATE OWNERSHIP - CERTIFICATE OF OWNERSHIP - CERTIFICATE OWNERSHIP | FICATE C pland) Order 2010 Certificate of the other owners* and/or ago lible to do so. of to run. | |
|--|--|---|---|
| Name of Owner / Agricultural Tenant | Address | | Date Notice Served |
| | | | |
| * | * | | |
| * | | | * |
| Notice of the application has been publication the area where the land is | | On the following date (which than 21 days before the date | n must not be earlier e of the application): |
| Signed - Applicant: | Or signed - Agent: | | Date (DD/MM/YYYY): |
| Certify/ The applicant certifies that: Certificate A cannot be issued for All reasonable steps have been to date of this application, was the chave/ the applicant has been una "owner" is a person with a freehold interest | aken to find out the names and addresses of owner* and/or agricultural tenant** of any | f everyone else who, on the da part of the land to which this a to run. | y 21 days before the |
| | · | MAKAN MA | |
| Notice of the application has been publis (circulating in the area where the land is | hed in the following newspaper situated): | On the following date (which than 21 days before the date | |
| Signed - Applicant: | Or signed - Agent: | | Date (DD/MM/YYYY): |
| 12. Planning Application Requirements of the Local Planning Authority has been sufficiently 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: | ke sure you have sent all the information in oplication being deemed invalid. It will not obmitted. The original and 3 copies of a design and access statement if proposed works fall within a conservation area or World Heritage Site, or relate to a Listed Building: | support of your proposal. Fall be considered valid until all in The correct fee: PAY BY Formula and 3 completed, dated On Certificate (A, B, C or applicable) and Artic Certificate (Agriculture) | PHONE Depies of the whership Depies 12 |

| Signed - Applica | nt: | Or signed - Agent: | | Date | | date cannot b re-applicatio |
|-----------------------------------|--|----------------------|----------------------|------------------|-----------------|--------------------------------|
| 14. Applicant | t Contact Details | | 15. Agent Co | ntact Details | / / / wa/ p | ге-аррисано |
| Telephone numb | | | Telephone numb | | | |
| 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 (opti | ional): | 1 |
| Email address (o | ptional): | | Email address (o | ptional): | | |
| | AND THE PERSON NAMED IN COLUMN TO TH | | | | | |
| 16. Site Visit Can the site be se | een from a public road, public foo | inath bridleway o | r other public land? | Yes | MNO | |
| f the planning au | uthority needs to make an appoin hom should they contact? (Please | tment to carry | Agent | Applicant | Other (if diffe | |
| | selected, please provide: | | | | again applic | 5 5010115, |
| Contact name: | | Telephone number: | | | | |