

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) 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 its obligations in regards to the processing of your application. Please refer to its 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:



Development Management Service Corby Office Deene House New Post Office Square Corby NN17 1GD Tel: 01536 464158 / 464167 www.northnorthants.gov.uk

Publication of applications on planning authority websites

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

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 Local Planning 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	ant Name and Address	2. A
Title:	First name:	Title:
Last name:		Last r
Company (optional):		Composition (option
Unit:	House number: House suffix:	Unit:
House name:		Hous
Address 1:		Addr
Address 2:		Addr
Address 3:		Addr
Town:		Town
County:		Cour
Country:		Cour
Postcode:		Post

2. Agent Name and Address			
Title:	MR First name: DEREIC		
Last name:	McCourt		
Company (optional):	ROQUETTE UK		
Unit:	House number: House suffix:		
House name:			
Address 1:	9-11 SALLOW Rd		
Address 2:			
Address 3:			
Town:	CORBY		
County:	NORTHANTS		
Country:	ENGLAND		
Postcode:	NNI7-SJX		

2 64 411 2 411				
3. Site Address Details Please provide the full postal address of the application site.	4. Pre-application Advice			
Unit: House House House	Has assistance or prior advice been sought from the local authority about this application?			
House suffix:				
name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: 9-11 Sacrow Rd	application more efficiently).			
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:			
Address 3:	Officer name:			
Town: CORBY	LARDANA MAZUMDER			
County: NORTHAND	Reference:			
Postcode 14/12 = 1	NC1211000861PADEM			
(optional):	Date (DD/MM/YYYY): (must be pre-application submission)			
(must be completed if postcode is not known):	Details of pre-application advice received?			
Easting: Northing: Description:	TRAFFIC WANACIEMENT			
Description.	PLAN REQUESTED AND			
	PLOADED			
5. Description Of Your Proposal				
Please provide a description of the approved development as shown and date of decision in the sections below:				
APPROVAL FOR DEMOLITION OF E.	XISTING INDUTRIAL BUILDING.			
Reference number: NC/2 1/2000 Param Date of decision:	(Date must be pre-application			
Reference number: NC/21/0086 RAD M Date of decision: Please state the condition number(s) to which this application relate	submission) (DD/MM/YYYY)			
1. A DTMP Demolition traffic Management				
2.	7.			
3.	8.			
4.	9.			
5.	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application			
Has the development been completed?	Yes No			
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/details th	at are being submitted for approval:			
2 clocuments. The Traffic Management Plan and Schedule.				
7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition?	Yes			
If Yes, please indicate which part of the condition your application rel	lates to:			

8. 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					
information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.					
	original and 3 copies* of other plans and drawings				
completed and dated application form:	ormation necessary to describe the subject of the application:				
The correct fee:					
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a					
total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick).					
You can check your LPA's website for information or contact their plan					
9. Declaration					
I/we hereby apply for planning permission/consent as described in th	is form and the accompanying plans/drawings and additional				
information. I'we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	facts stated are true and accurate and any opinions given are the				
Signed - Applicant:	Or signed - Agent:				
Signed - Applicant.	Of signed - Agent.				
40 (C C)					
	_				
Date (DD/MM/YYYY):					
(-1/7/27) (date cannot be pre-application)					
	,				
	11. Agent Contact Details				
10erApplicant Contact Details	11. Agent Contact Details Telephone numbers				
Extension	Telephone numbers Extension				
·	Telephone numbers				
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Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Table Visit Can the site be seen from a public road, public footpath, bridleway or of 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:	Telephone numbers Country code: National number: Extension number: Country code: M Country code: Fax number (optional): Email address (optional): Tother public land? Yes No Agent Applicant Other (if different from the agent/applicant's details)				