



Development Services -Planning
Town Hall, Victoria Square
St Helens, Merseyside
WA10 1HP
Tel: 01744 676219
Email: planning@sthelens.gov.uk
www.sthelens.gov.uk

St.Helens Council

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

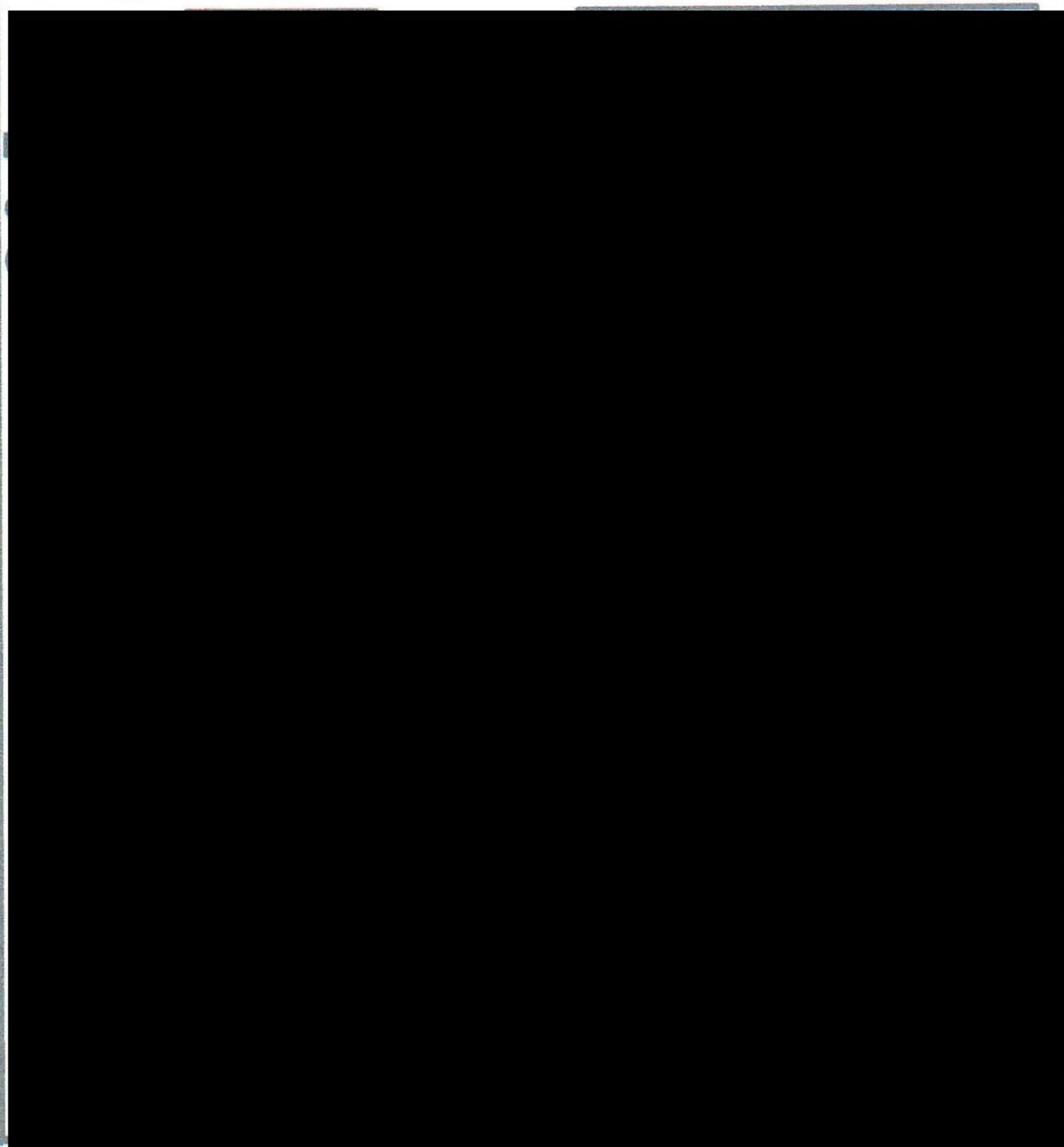
Publication of applications on planning authority websites

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 application processing.

2. Agent Name and Address



2. Agent Name and Address

| | | | | | |
|--------------------|---|---------------|------------------------------------|---------------|----------------------|
| Title : | <input type="text" value="Mr"/> | First Name : | <input type="text" value="KEITH"/> | | |
| Last Name: | <input type="text" value="SWAIN"/> | | | | |
| Company (optional) | <input type="text" value="KEITH SWAIN DESIGN"/> | | | | |
| Unit: | <input type="text"/> | House number: | <input type="text" value="12"/> | House suffix: | <input type="text"/> |
| House name: | <input type="text"/> | | | | |
| Address 1: | <input type="text" value="THE SPINNEY"/> | | | | |
| Address 2: | <input type="text" value="RAINFORD"/> | | | | |
| Address 3: | <input type="text"/> | | | | |
| Town: | <input type="text" value="ST HELENS"/> | | | | |
| County: | <input type="text"/> | | | | |
| Country: | <input type="text"/> | | | | |
| Postcode: | <input type="text" value="WA11 8AS"/> | | | | |

3. Description of Proposed Works

Please describe the proposed works:

**TWO STOREY EXTENSION TO FORM
LOUNGE, KITCHEN AND SHOWER ROOM GRD FLOOR
AND
BEDROOMS AND BATHROOM AT FIRST FLOOR**

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? Yes No

If Yes, please state when the work was completed (DD/MM/YYYY) (date must be pre-application submission)

4. Site address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode:

5. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered 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 or 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) :

6. Pre-application Advice

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 as possible:

Officer name:

Reference (if any):

Date (DD/MM/YYYY): (must be pre-application submission)

Details of the pre-application advice received:

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

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings

Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No

If Yes, please show on your plans which trees by giving them numbers eg, T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.

8. Parking

Will the proposed works affect existing car parking arrangements? Yes No

If Yes, please describe the affect:

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

Do any of these

statements apply to you?

Yes No

If yes, please provide details of the name, relationship and role;

10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material

| | Existing (where applicable) | Proposed (type and colour) | Not applicable | Don't know |
|--|--------------------------------|-------------------------------|--|--------------------------|
| Walls | RED BRICK | RED BRICK | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof | BROWN TILES | BROWN TILES | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows | WHITE UPVC | WHITE UPVC | <input type="checkbox"/> | <input type="checkbox"/> |
| Doors | WHITE UPVC | WHITE UPVC | <input type="checkbox"/> | <input type="checkbox"/> |
| Boundary treatments (eg. fences, walls etc) | 1,8m HIGH TIMBER | NO CHANGES | <input type="checkbox"/> | <input type="checkbox"/> |
| Vehicle access and hard standing | PAVED DRIVE | PAVED DRIVE | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting | | | <input checked="" type="checkbox"/> N | <input type="checkbox"/> |
| Others (please specify) | | | <input checked="" type="checkbox"/> N | <input type="checkbox"/> |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement: Yes **N** No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

11.Ownership certificates and Agricultural Land Declaration

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 part of, an agricultural holding**

Signed - Applicant

Or signed - Agent

Keith Swain

Date (DD/MM/YYYY)

14.04.2021

* '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 tenent' in section 65(8) of the Act

11.Ownership certificates and Agricultural Land Declaration

CERTIFICATE 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 tenent** of any part of the land or building to which this application relates.

| Name of owner / Agricultural Tenent | Address | Date Notice Served |
|-------------------------------------|---------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Signed - Applicant

Or signed - Agent

Date (DD/MM/YYYY)

* 'owner' is a person with a freehold interest or leasehold interest with at least 7 years left to run

** 'agricultural tenent' has the meaning given by reference to the definition of 'agricultural tenent' in section 65(8) of the Act

12. Planning Checklist

Copy of Planning application form: **Y**
Copy of detailed scaled plans: **Y**
Copy of Design and Access Statement: **N**
Copy of ownership certificate: **Y**
Copy of ordinance survey map: **Y**

Correct fee by cheque **N**
Correct fee by bankers draft **N**
Correct fee by telephone **Y**

on line payment

13. Declaration

I/We hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/We confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Sigend - Applicant

Or signed - Agent

Date (DD/MM/YYYY)

Keith Swain

14.04.2021

(date cannot be pre-application)

14. Applicant Contact details

Telephone numbers

Country code

National number

**Extens
number**

15. Agent Contact Details

Telephone numbers

Country code

National number

**Extens
number**

16. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?

Agent

Applicant

Other person

If other has been selected, please provide: