

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

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on the application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Please complete using block capitals and black ink.

Applicant Name and Address	2. Agent Name and Address	
Title: TRATES First name:	Title: T/Z First name: C/PA	LHAY
Last name: BARNETT	Last name: STUBBLE	5
Company (optional):	Company (optional):	
Unit: House 55 House suffix:	Unit: House number: 27	House suffix:
House name:	House name:	
Address 1: THORNDON EVENUE	Address 1: STATION ROB	₹
Address 2:	Address 2:	
Address 3:	Address 3:	
TOWN: WEST HORNIDON	Town: WEST HORNER	R)
County: ESSEX	County: ESSEX	
Country:	Country:	
Postcode: C713 375	Postcode: CT13 BTL	
3. Description of Proposed Works		
Please describe the proposed works:	and Martin -	0 ~ 1
PROPOSED LOFT CONVERS	The second of th	N. S. CONCERNATION OF THE P. S. C. S
DOPPHERS AND WITH A B	WILD OF GABLE WALL	_
+ SINGLE STOREY PET	R EXTENSION.	
, , , , , , , , , , , , , , , , , , , ,	BRENTWOOD	B.C.
	2.3 MAR 20	21
	Receive	d

3. Description of Proposed Works (continued)	
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?	
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: 55 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 No
Address 1: THORNDON EVERUE	Do the proposals require any diversions, extinguishments and/or creation of public
710-4000 -000	rights of way? Yes No
Address 2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
TOWN: WEST HORNDON	
County: ESSEX	
Postcode CT(13 3T5	
(optional): C1(15) 5(5)	
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 possible: Officer name:	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Reference:	
	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY):	order to carry out your proposal?
(must be pre-application submission) Details of the pre-application advice received:	If Yes, please show on your plans which trees by giving them
	numbers of T1 T2 etc state the reference to the fill 1 / 1/
4	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.
	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/
	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale. 9. Council Employee / Member
Will the proposed works affect	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale. 9. Council Employee / Member Is the applicant or agent related to any member of staff or elected
Will the proposed works affect	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale. 9. Council Employee / Member Is the applicant or agent related to any member of staff or elected
existing car parking arrangements?	9. Council Employee / Member Is the applicant or agent related to any member of staff or elected member of the council?
Will the proposed works affect existing car parking arrangements? Yes No	9. Council Employee / Member Is the applicant or agent related to any member of staff or elected member of the council?
Will the proposed works affect existing car parking arrangements? Yes No	9. Council Employee / Member Is the applicant or agent related to any member of staff or elected member of the council?

	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable
Walls	FACIUCI BRICHEROPLE	TO TIETCH + GROOM PENCER FINISH			2103.02
Roof	PLAN CLAY FOOT TILES + FLAT FOOT	To Trateti			
Windows	WHITE UPIC FRATIES	TO TRATCH			
Doors	WHITE UPIC FRATES	TO THETCH			+
Boundary treatments (e.g. fences, walls)			Ø		
Vehicle access and hard-standing			Ø		
Lighting			Ø		
Others (please specify)		VERTICAL TICE HANGING TO DOPTIES USING PLAIN CLAY TICES TO YEATCH EXESTING			
	itional information on submitted plan(s rences for the plan(s)/drawing(s)/desig	s)/drawing(s)/design and access statement n and access statement:	?		Yes 📝

11. Certificates		
One Certificate A, B, C, or D, mus	t be completed, together with the Agricultural Hol CERTIFICATE OF OWNERSHIP - CERTIFICAT	EA
owner (owner is a person with a freehowhich the application relates.	lanning (General Development Procedure) Order on the day 21 days before the date of this application in the day 21 days before the date of this application in the day 21 days left to the day of the	obody except myself/ the applicant was the
Signed - Applicant:		Date (DD/MM/YYYY):
		18/03/2021
I certify/ The applicant certifies that 21 days before the date of this applic	CERTIFICAT lanning (General Development Procedure) Order 1 have/the applicant has given the requisite notice to ation, was the owner (owner is a person with a freehold uilding to which this application relates.	everyone else (as listed below) who, on the day
Name of Owner	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
 Certify/ The applicant certifies that: Neither Certificate A or B certifies 	dentificate of OWNERSHIP - CERTIFICATI lanning (General Development Procedure) Order 1 be issued for this application sken to find out the names and addresses of the other	995 Certificate under Article 7
interest or leasehold interest with unable to do so. The steps taken were:	t least 7 years left to run) of the land or building, or of a	a part of it , but I have/ the applicant has been
Name of Owner	Address	Date Notice Served
		/.
Notice of the application has been p (circulating in the area where the lan	ublished in the following newspaper On th than 3	e following date (which must not be earlier days before the date of the application):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

11. Certificates (continued)			
Certify/ The applicant certifies that: Certificate A cannot be issued f All reasonable steps have been date of this application, was the owner of the control of the certifies that:	taken to find out the names and addresses of	Order 1995 Certificate under Article 7 of everyone else who, on the day 21 days before	e the f any
The steps taken were:	rrelates, out mave, the applicant has been t	mable to do so.	
Notice of the application has been pub (circulating in the area where the land i	lished in the following newspaper is situated):	On the following date (which must not be ea than 21 days before the date of the applicati	arlier ion):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM)	/YYYY)
	A CRICIU TURAL LIGI RIVER SERVICE		
Agricultural Land Declaration - You Must (A) None of the land to which the ap	AGRICULTURAL HOLDINGS CERTIFI nning (General Development Procedure)Or t Complete Either A or B oplication relates is, or is part of, an agricultura	der 1995 Certificate under Article 7	
Signed - Applicant:	- 30	Date (DD/MM)	/YYYY)
		18/02/20:	21
B) I have/ The applicant has given t before the date of this application, was as listed below:	the requisite notice a tenant of an agreement notions on an or p	he day21 days	
Name of Tenant	Address	Date Notice Se	erved
		Sale Notice St	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/	/YYYY)
12. Planning Application Requ	irements - Chacklist		
Please read the following checklist to m.	ake sure you have sent all the information in	support of your proposal. Failure to submit all	
information required will result in your a the Local Planning Authority has been s	application being deemed invalid. It will not be	be considered valid until all information require	ed by
4 copies of a completed	4 copies of a design and access	The correct fee:	P
and dated application form: [4 copies of a plan which identifies	statement where proposed works fall within one of the	4 copies of the completed, dated Artic	-
the land to which the application	following designated areas:	7 Certificate (Agricultural Holdings):	- Z
relates drawn to an identified scale and showing the direction of North:	National Park Site of special scientific interest	4 copies of the completed, dated	
4 copies of other plans and drawings or information necessary to describe	Conservation area Area of outstanding natural beauty World Heritage Site	Ownership Certificate (A, B, C or D - as applicable):	Z
the subject of the application:	World Heritage Site The Broads		
13. Declaration			
I/we hereby apply for planning permissi	ion/consent as described in this form and the	accompanying plans/drawings and additional	
information. Signed - Applicant:		Date (DD/MM/YYYY):	
			nnot h
		(8/05/202((date cal pre-app)	

14. Applicant Contact Details		15. Agent Contact Details			
Telephone numbers Country code: National number:	Extension number: Country co		e: National number: 0:70% 227135		Extension number:
C C		Country code:	Fax number (opti	ional):]
16. Site Visit		Email address (c	optional): plottles is ho	twait.co.ch	4
Can the site be seen from a public road, public foo	tpath, bridleway o	r other public land	? TYes	THO .	
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)		Agent	Applicant	Other (if different from the agent/applicant's details	
If Other has been selected, please provide: Contact name:		Telephone num	ber:		
Email address:					