



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

Privacy Notice

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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.

Jpon 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:



Environmental Health

PLANNING, HOUSING & ENVIRONMENTAL HEALTH SERVICES

2 0 APR 2021

Development Control Gibson Building, Gibson Drive Kings Hill, West Malling Kent ME19 4LZ

Switchboard Minicom Web Site Email

01732 844522 01732 874958 (text only) http://www.tmbc.gov.uk planning.applications@tmbc.gov.uk

Publication on Local Planning Authority websites

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

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.

f printed, please complete using block capitals and black ink.

t is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applicant Name and Address	2. Agent Nan
Title: MR First name: STEVEN JOHN	Title:
Last name: HADAWAY	Last name:
Company (optional):	Company (optional):
Unit: House 19 House suffix:	Unit:
House name:	House name:
Address 1: 19 CHERRY GROVE	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
TOWN: TONBRIDGE	Town:
County: KENT	County:
Country: ENGLAND	Country:
Postcode: TN10 4NA	Postcode:

2. Agent	Name and Address
Title:	First name:
Last name:	
Company (optional):	
Unit:	House number: House suffix:
House name:	
Address 1:	
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	

3. Description of Proposed Works			
Please describe the proposed works:			
LOFT CONVERSION WITH TWO DORMER - WINDOWS, AND A GABLE END			
MINDOMS, MINDOMS	(
AND AITERATIONS	(AMENDED)		
G. HOUSING & SERVICES			
	2 0 APR 2021		
Has the work already started?	The state projection and the state of the st		
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. House House	Is a new or altered vehicle access proposed to or from the public highway? Yes No		
Unit: number: 19 suffix:	Is a new or altered pedestrian access		
House name:	proposed to or from the public highway? Yes No Do the proposals require any diversions,		
Address 1: 19 CHERRY GROVE	extinguishments and/or creation of public 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: TONORIDGE			
County: KENT			
Postcode (optional): TN10 4NA			
6. Pre-application Advice	7. Trees and Hedges		
Has assistance or prior advice been sought from the local authority about this application?	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed		
If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	development? Yes No		
application more efficiently).	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:		
Please tick if the full contact details are not known, and then complete as much possible:			
Officer name:			
MARIA BROWN			
Reference:	W/III any through as had goe need		
TM/20/01989/FL	Will any trees or hedges need to be removed or pruned in		
(must be pre-application submission) Date (DD MM YYYY): 12/11/20	order to carry out your proposal? Yes No		
(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 e.g. T1, T2 etc, state the reference number of the plan(s)/		
DIDNOT LIKE FLAT ROOFS	drawing(s) and indicate the scale.		
ON DORMERS, AND CONCERNS			
ABOUT OVER LOOKING			
NEIBOUR TO FRONT.			

8. Parking	las afficiat contact and a solution of the sol	Van Di			
will the proposed wor	ks affect existing car parking arrangements?	Yes	0		
If Yes, please describe:					
			ENVIRONMENTAL HEA SERVICES 20 APR 2021	3 & LTH	
means related, by birth	loyee / Member iple of decision-making that the process is open an or otherwise, closely enough that a fair minded an as bias on the part of the decision-maker in the loca	d informed obs	erver, having considered the facts,		to"
Do any of the following statements apply to you and/or agent? Yes No 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					
it yes, please provide o	letails of their name, role and how you are related t	to them.			
10. Materials					
lf applicable, please sta	te what materials are to be used externally. Include	e type, colour ai	nd name for each material:		
	Existing (where applicable)	Proposed		Not applicable	Don't Know
Walls	BNICK	TIMBO	ER, WITH TILE ING N ROSELAND TIBES		
Roof	REPLAND 49BRS	REDLA	ND 49ERS		
Windows	WHITE PVC	WHIT	E PVC		
Doors	WHITE PVC	GRES	Y OR OAK IT DOOR		
Boundary treatments (e.g. fences, walls)	Fences AND WALLS	~	IA		

10. Materials If applicable, please state what materials are to be used externally. Include type, colour and name for each material: NA CONCRETE Vehicle access and hard-standing OUTSIDE LIGHTS OUTSIDE LIGHTS

Lighting

Others

(please specify)

No Yes Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

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11. Ownership Certificates and Agricultural Land Declaration

Signed - Applicant:

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**

Or signed - Agent:

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.

e/the applicant has given the requisite notice to e n, was the owner* and/or agricultural tenant** of t or leasehold interest with at least 7 years left to run.	Order 2015 Certificate under Article 14 everyone else (as listed below) who, on the day of any part of the land or building to which this
Address	Date Notice Served
Or signed - Agent:	Date (DD/MM/YYYY):
VOS	velopment Management Procedure) (England) (ve/the applicant has given the requisite notice to con, was the owner* and/or agricultural tenant** of st or leasehold interest with at least 7 years left to rundiven in section 65(8) of the Town and Country Plannin Address

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Date (DD/MM/YYYY):

12. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed invalous least Planning Authority (LPA) has been submitted	information in support of your proposal. Failure to submit all alid. It will not be considered valid until all information required by		
the Local Planning Authority (LPA) has been submitted. The original and 3 copies* of a The original and 3 copies* of a	opies* of a The correct fee:		
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:	within a The original and 3 copies* of the completed, dated Ownership		
*National legislation specifies that the applicant must provide the ori total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by provide their plants of the contact their plants of the contact their plants.	Jost (10) example, on a CD, DVD of God memory stick).		
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.			
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):		
	10/4/2021 (date cannot be pre-application)		
14. Applicant Contact Details	15. Agent Contact Details		
Telephone numbers	Telephone numbers		
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):		
16. Site Visit			
Can the site be seen from a public road, public footpath, bridleway or other public land? Ves No			
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Applicant Other (if different from the agent/applicant's details)		
If Other has been selected, please provide:	Talanhana numbar		
Contact name:	Telephone number:		
Email address:			

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