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Application for Planning Permission. Town and Country Planning 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:



Planning and Sustainable Development

	Email: planning@cornwall.gov.uk	Telephone: 0300 1234 151	Website: www.cornwall.gov.uk
West	Planning and Sustainable D	evelopment, Cornwall Council, Dolco	ath Avenue, Camborne, TR14 8SX
Central	Planning and Sustainable D	evelopment, Cornwali Council, Pydar	House, Pydar Street, Truro, TR1 1XU
East	Planning and Sustainable D	evelopment, Cornwall Council, Chy Tr	evall, Bodmin, Cornwall, PL31 2FR
Household	er Team Planning and Sustainable D	evelopment, Comwall Council, Dolcor	ath Avenue, Camborne, TR14 8SX

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 website.

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.

Title:	First name:
Last name:	
Company (optional):	PENOVATE SW
Unit:	House number: 6 House suffix:
House name:	
Address 1:	THE QUAY
Address 2:	
Address 3:	
Town:	WEST LOOE
County:	
Country:	
Postcode:	PL13 2BX

2. Agent	Name and Address
Title:	First name:
Last name:	
Company (optional):	BARTRAM DEAKIN ASSOCIATES
Unit:	House number: House suffix:
House name:	LISANDRA HOUSE
Address 1:	FICHE STREET
Address 2:	
Address 3:	
Town:	EAST LOOE
County:	
Country:	
Postcode:	PL13 IAD

Version 2018.1

3. Description of the Proposal	
Please describe the proposed development, including any change o	f use:
CONSTRUCTION OF PAIR OF	ratio of Yalors owt
WITH EXTERNAL WORKS FO	DLLOWING APPROVAL
OF PUTLINE CONSENT REF	ERENCE PAZO. 08455
Has the building, work or change of use already started? If Yes, please state the date when building,	Yes No
work or use were started (DD/MM/YYYY):	(date must be pre-application submission)
Has the building, work or change of use been completed?	Yes No
If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):	(date must be pre-application submission)
Reference no. of permission in principle being	
relied on (technical details consent applications only):	
4. Site Address Details	5. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit: House number: 10 House suffix:	authority about this application?
House name:	If Yes, please complete the following information about the advice
Address 1: PENROSE LANE	you were given. (This will help the authority to deal with this application more efficiently).
	Please tick if the full contact details are not
Address 2:	known, and then complete as much as possible:
Address 3:	Officer name:
Town: ST ERVAN	
County:	Reference:
Postcode (optional): PL27 7 TB	
Description of location or a grid reference.	Date (DD/MM/YYYY):
(must be completed if postcode is not known):	(must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	SEE OUTLINE CONSENT
	REFERENCE PA 20.08455
	TOT BILDRICE TIT 20 TOT (33

6. Pedestrian and Vehicle Access, Roa	ds and Rigi	nts of Way	7. Waste Storage and Collection			
Is a new or altered vehicle access proposed to or from the public highway?	✓ Yes	☐ No	Do the plans incorporate areas to store and aid the collection of waste? Yes			
Is a new or altered pedestrian		74-14	If Yes, please provide details:			
access proposed to or from the public highway?	✓ Yes	☐ No	TO SIDE OF HOUSES			
Are there any new public roads to be provided within the site?	Yes	⊘ No				
Are there any new public rights of way to be provided within or adjacent to the site?	Yes	✓ No				
Do the proposals require any diversions /extinguishments and/or creation of rights of way?	Yes	✓ No	Have arrangements been made for the separate storage and collection of recyclable waste? Yes No			
If you answered Yes to any of the above que details on your plans/drawings and state th (s)/drawings(s)	estions, plea e reference o	se show of the plan	If Yes, please provide details:			
DFAMING 221. 6. 1						
8. Authority Employee / Member It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.						
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			
If Yes, please provide details of their name, role and how you are related to them.						

	Existing (where applicable)		Proposed		Not applicable	Don' Knov
Walls			NATURAL STONEWOLK RENDER			
Roof			MATURA	L SLATE		
Windows			ulve			
Doors			ulva		2 -	
Boundary treatments (e.g. fences, walls)				HEDGE TO		
Vehicle access and hard-standing			BRICK	BRICK PAYING		
Lighting						
Others please specify)						
Yes, please state refer	tional information on s ences for the plan(s)/di NGS マント (AND ACC	rawing(s)/design an	d access statement:	cess statement?	/ Yes	No
O. Vehicle Parking Please provide inform	mation on the existing	and proposed numb				
Type of Vehicle		otal isting	Total proposed (incl spaces retained		ference spaces	
Cars Light goods vehic public carrier vehi	iles/		Four	+ For	JR	
Motorcycles	icies					
Disability space	es			i		
Cycle spaces						
Other (e.g. Bus						
Other (e.g. Rus	1					

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and
Mains sewer Cesspit	consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No
If Yes, please Include the details of the existing system on the application drawings and state references for the	Will the proposal increase the flood risk elsewhere?
plan(s)/drawing(s):	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
13. blodiversity and deological conservation	Please describe the current use of the site:
To assist In answering the following questions refer to the guidance notes for further information on when there is a reasonable	VACANT
likelihood that any important biodiversity or geological	VACARI
conservation features may be present or nearby and whether they are likely to be affected by your proposals.	
Having referred to the guidance notes, is there a reasonable	Is the site currently vacant?
likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to	If Yes, please describe the last use of the site:
or near the application site?	
a) Protected and priority species:	ACFICULTURAL
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	
/ No	When did this use end (if known)? DD/MM/YYYY
b) Designated sites, important habitats or other biodiversity	(date where known may be approximate)
features:	Does the proposal Involve any of the following? If yes, you will need to submit an appropriate contamination
Yes, on the development site Yes, on land adjacent to or near the proposed development	assessment with your application.
No	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site? Yes No
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development	be particularly vulnerable to the presence of contamination?
<u>∕</u> No	to the presence of contamination.
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the	Does the proposal involve the need to
proposed development site?	dispose of trade effluents or waste? Yes No
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
development or might be important as part of the local landscape character? Yes No	
If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a	
Tree Survey is required, this and the accompanying plan should be	
submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, In accordance with the current 'BSS837: Trees in relation to	

	Propos	ed I	Hous	sing					Existi	ng	Hous	ing			
Market	Not	_				rooms	Total	Market	Not		-			rooms	Tota
Housing	known	1	2	2	4+	Unknown	2	Housing	known	1	2	3	4+	Unknown	
Houses Flats/maisonettes			-	4		1		Houses Flats/maisonettes		_	+	-	H	-	1.1
		-		-			ε	D			+		-	-	t · .
Sheltered housing			-			1		Sheltered housing			-	-		-	
Bedsit/studios		-	-	-	-	-	(Ĺ	Bedsit/studios			+		-		fì.
Cluster flats			-		H	-		Cluster flats		_	+	-			
Other	1 4	Tel	hala /a			1 0	1	Other		T.	Anla (1 0	
		101	tais (C	1+0+	- C + C	1+e+f)=	_ 41			10	otais (a	1+0+	- C + a	1+e+f)=	
Social, Affordable or Intermediate	Not		Numl	ber of	Bedr	ooms	Total	Social, Affordable or Intermediate	Not		Num	ber of	Bedr	rooms	Tota
Rent	known	1	2	3	4+	Unknown	ğ - n	Rent	known	1	2	3	4+	Unknown	1
Houses								Houses			1	<u></u>		-	i,
Flats/maisonettes		Щ.			_		L.	Flats/maisonettes					-	9	Į.
Sheltered housing		L.	_					Sheltered housing				_			
Bedsit/studios							13	Bedsit/studios							- 3
Cluster flats		Q (10				Cluster flats						J	
Other							. 1	Other			1				
Totals $(a+b+c+d+e+f) =$						+e+f)=	5	Totals $(a+b+c+d+e+f) =$					G.		
Affordable Home	Not	7	Numl	oer of	Bedr	ooms	Total	Affordable Home	Not		Numl	oer of	Bedr	ooms	Total
Ownership	known	1	2	3	4+	Unknown		Ownership	known	1	2	3	4+	Unknown	-
Houses							1	Houses							U
Flats/maisonettes							40	Flats/maisonettes							U
Sheltered housing				3		()	, , ,	Sheltered housing							£
Bedsit/studios							d	Bedsit/studios			100				15
Cluster flats						9	6	Cluster flats							2
Other			_				$L_{\rm u}$	Other							- 1
		Tot	als (a	+ 6 +	c + d	+e+f)=	C			То	tals (a	+ b +	c + d	+e+f)=	j-1
Starter Homes	Not known	1	Numb 2	oer of 3	Bedr 4+	ooms Unknown	Total	Starter Homes	Not known	1	Numb	oer of	2	ooms Unknown	Total
Houses							2	Houses							U
Flats/maisonettes							E.	Flats/maisonettes					1		6
Bedsit/studios						1 - 3		Bedsit/studios							1
Other							(į	Other					-		ď
			То	tals (a+b	+c+d)=	į i				То	tals (a+b	+ c + d) ==	- 1
Self Build and	Not	ı	Numķ	er of	Bedro	ooms	Total	Self Build and	Not		Numb	er of	Bedro	ooms	Total
Custom Build	known	1	2	3	4+	Unknown		Custom Build	known	1	2	3	4+	Unknown	
Houses		\perp			-		(ı	Houses							Ł
Flats/maisonettes							1-	Flats/maisonettes							5, 3
Bedsit/studios							15	Bedsit/studios							C.
Other				_			2	Other							£?
other						+c+d)=								+c+d)=	

Use class/type of use Sope			•		Non-resident in or change of u			pace? Yes	∕ No
Shops	If you	have answ	ered Yes to tl	ne qu	estion above plea	ase add details i	n the follow	ing table:	
Net tradable area:	Use	e class/type	of use	Not applicable	Existing gross internal floorspace (square metres)	to be lost by change of use or demolition		floorspace proposed (including change of	Net additional gross internal floorspace following development (square metres)
A2 Financial and professional services A3 Restaurants and cafes A4 Drinking establishments B1 (a) Office (other than A2) B1 (b) Research and development B1 (c) Light industrial B2 General industrial B3 Storage or distributions C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential Institutions D2 Assembly and lelsure D3 Assembly and lelsure D4 Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Total In addition, for hotels, residential institutions of use or demolition C1 Hotels C2 Residential Institutions D3 Assembly and lelsure D4 Assembly and lelsure D5 Hotels C2 Residential D6 Institutions D7 Here D8 Here	A1	Sh	iops						
A3 Restaurants and cafes A5 Hot food takeaways B1 (a) Office (other than A2) B1 (b) Research and development B1 (c) Light industrial B2 General industrial B3 Storage or distribution C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure D1 Non-residential Inaddition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use dass Speedfy Total In addition, for hotels, residential institutions of use or demolition C1 Hotels C2 Residential Institutions D3 Assembly and leisure D4 Assembly and leisure D5 Assembly and leisure D6 First peof use applicable Sunday and bastleaue	1	Net trad	able area:						
A4 Drinking establishments	A2								
A5 Hot food takeaways	А3	Restauran	ts and cafes						
BI (a) Office (other than A2)	A4	Drinking es	tablishments						
BI (b) Research and development	A5	Hot food	takeaways						
B1 (c) Light industrial	B1 (a)	Office (oth	ner than A2)						
B1 (c) Light industrial	B1 (b)								
B8 Storage or distribution	B1 (c)								
B8 Storage or distribution	B2			П					
C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure D7HER Please Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss orgain of rooms Use dass Type of use applicable of use or demolition C1 Hotels C2 Residential Institutions C3 Residential Institutions C4 Residential Institutions C5 Residential Institutions C6 Residential Institutions C7 Residential Institutions C8 Residential Institutions C9 Residentia	B8								
C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure D3 Assembly and leisure D4 Assembly and leisure D5 Assembly and leisure D6 Assembly and leisure D7 HER D8		Hotels a	nd halls of						
D1 Non-residential Institutions						-			
Assembly and leisure D2 Assembly and leisure Please Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Class Type of use Not applicable Applicable C1 Hotels C2 Residential Institutions OTHER Please Specify Please Specify Total Net additional rooms proposed (including changes of use) Net additional rooms proposed (includi									
OTHER Please Specify Total In addition, for hotels, residential Institutions and hostels, please additionally indicate the loss or gain of rooms Use Class Type of use Applicable of use or demolition Total rooms proposed (including changes of use) Net additional rooms proposed (including changes of use)						n e			
Please Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Class Type of use Applicable Of use or demolition C1 Hotels C2 Residential Institutions C3 Residential Institutions C4 Residential Institutions C5 Residential Institutions C6 Institutions C7 Residential Institutions C7 Residential Institutions C8 Residential Institutions C9 Residential C9 R		Assembly	and leisure			8			
In addition, for hotels, residential Institutions and hostels, please additionally indicate the loss or gain of rooms Use class Type of use Not applicable of use or demolition Total rooms proposed (including changes of use) C1 Hotels						·			
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Class Type of use applicable of use or demolition Total rooms proposed (including changes of use) Net additional rooms propo				Ш		jul.		<u> </u>	
Use dass Type of use applicable of use or demolition C1 Hotels C2 Residential Institutions OTHER Please Specify 19. Employment Please complete the following information regarding employees: Full-time Part-time Part-time Total rooms proposed (including changes of use) Net additional rooms propos									
Total full-time Part-time Total full-time equivalent		ition, for ho				· .			ooms
C2 Residential Institutions OTHER Delase Specify 19. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees 10. Hours of Opening 11. It is a proposed to the following information regarding employees: Substitute of Opening If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Sunday and Not known	class '			EXISTI					Net additional rooms
OTHER Please Specify 19. Employment Please complete the following information regarding employees: Full-time Part-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Sunday and Not known	- 1			_		-		-	
Please Specify 19. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees 10. Hours of Opening 11. KA 12. If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Sunday and Not known									
Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent									
Please complete the following information regarding employees: Full-time Part-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Sunday and Not known									
Existing employees Proposed employees Proposed employees 20. Hours of Opening If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Sunday and Not known	-	•		ormat	ion regarding en	nployees:	NA		
Proposed employees 20. Hours of Opening If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Sunday and Not known		Full-time				Part-	time		
20. Hours of Opening If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Sunday and Not known									
If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Nonday to Friday Saturday Sunday and Not known	Prop	osed emplo	yees						
Manday to Friday Saturday Sunday and Not known	20. Hou	rs of Ope	ning				NA		
	lf known,	please state	the hours of	open	ning (e.g. 15:30) fo	or each non-res	idential use p	•	
		Use Monday to Friday				Saturday			Not known
21. Site Area	21. Site	Area							

22. Industrial or Commercial Processes and Machinery							
Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:							
b the proposal a waste management develo	pmer	nt? Yes No					
If the answer is Yes, please complete the following	owing	j table:					
	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)				
lnert landfill							
Non-hazardous landfill							
Hazardous landfill							
Energy from waste incineration							
Other incineration							
Landfill gas generation plant							
Pyrolysis/gasification							
Metal recycling site							
Transfer stations							
Material recovery/recycling facilities (MRFs)							
Household civic amenity sites							
Open windrow composting							
In-vessel composting							
Anaerobic digestion							
Any combined mechanical, biological and/ or thermal treatment (MBT)							
Sewage treatment works							
Other treatment							
Recycling facilities construction, demolition and excavation waste							
Storage of waste							
Other waste management							
Other developments							
Please provide the maximum annual operati	onal t	hroughput of the following waste streams:	· · · · · · · · · · · · · · · · · ·				
Municipal							
Construction, demolition and ex	xcava	tion					
Commercial and industr	ial						
Hazardous If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.							
23. Hazardous Substances Does the proposal Involve the use or storage of any of							
the following materials in the quantities stated below? Yes Not applicable							
If Yes, please provide the amount of each substance that Is involved:							
	Acrylonitrile (tonnes) Phosgene (tonnes) Phosgene (tonnes)						
Ammonia (tonnes) Hydrogen cyanide (tonnes) Sulphur dioxide (tonnes)							
Bromine (tonnes)		iquid oxygen (tonnes)	Flour (tonnes)				
	ula pe		d white sugar (tonnes)				
Other:		Other: Amount (tonnes):					
Amount (tonnes):		Amount (tormes).					

24. 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 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** 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. Signed - Applicant: Date (DD/MM/YYYY): 26.3.21 **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 tenant** of any part of the land or building to which this owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 Name of Owner / Agricultural Tenant Address Date Notice Served

Or signed - Agent:

Signed - Applicant:

Date (DD/MM/YYYY):

24. Ownership Certificates and Agric Town and Country Planning (Develop I certify/ The applicant certifies that: Neither Certificate A or B can be issued All reasonable steps have been taken the land or building, or of a part of it, the steps is a person with a freehold interest or left agricultural tenant" has the meaning given in The steps taken were:	ERTIFICATE OF OWNERSHIP - CEI ment Management Procedure) (Ed of for this application to find out the names and addressed but I have/ the applicant has been up to be assented interest with at least 7 years	RTIFICATE C England) Order 2015 Certificates es of the other owners* and/or a inable to do so. left to run.	
Now of Community of American Institute of Community of Co			
Name of Owner / Agricultural Tenant	Address	k:	Date Notice Served
Notice of the application has been published is (circulating in the area where the land is situat	n the following newspaper ed):	On the following date (whi than 21 days before the da	
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
Town and Country Planning (Develope I certify/ The applicant certifies that: Certificate A cannot be issued for this a All reasonable steps have been taken to date of this application, was the owner have/ the applicant has been unable to * "owner" is a person with a freehold interest or led ** "agricultural tenant" has the meaning given in street the steps taken were:	pplication of find out the names and addresses and/or agricultural tenant** of ar do so. sehold interest with at least 7 years l	ngland) Order 2015 Certificat s of everyone else who, on the day part of the land to which this	ay 21 days before the
Notice of the application has been published in (circulating in the area where the and is situate		On the following date (which than 21 days before the date)	ch must not be earlier re of the application):
Signed - Applicant:	Or signed - Agent:	1	Date (DD/MM/YYYY):
			

,	
25. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all th information required will result in your application being deemed in the Local Planning Authority (LPA) has been submitted.	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	The correct fee
The original and 3 copies* of the 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 a design and access statement, if required (see help text and guidance notes for details): The original and 3 copies* of the completed, dated
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	Ownership Certificate (A, B, C orD as applicable) and Article 14 Certificate (Agricultural Holdings):
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronical LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their plants.	ly or, the LPA indicate that a smaller number of copies is required. Toost (for example, on a CD, DVD or USB memory stick).
26. Declaration	
I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	
Signed - Applicant: O	Date (DD/MM/YYYY):
	26.3.21 (date cannot be pre-application)
27. Applicant Contact Details	t Contact Details
Telephone numbers	Telephone numbers
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 (optional):
Email address (optional):	Email address (optional):
	bdarch a btcomed .com
29. Site Visit	
Can the site be seen from a public road, public footpath, bridleway o	r other public land? / Yes No
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:	-3
Contact name:	Telephone number:

Email address: