

DEVELOPMENT MANAGEMENT

CENTRAL VALIDATION Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND.

ANDREW

House

suffix:

Website: www.shropshire.gov.uk

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

First name: Con-

MICRURN

Please note that with the exception of applicant contact details and Certificates of Ownership, the Information provided on this 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.

Title:

Last name:

Company

(optional):

Unit:

2. Agent Name and Address

Me

First name:

House

number:

OCKLEY

Please complete using block capitals and black ink.

House

number:

1. Applicant Name and Address

Title:

Last name:

Company

(optional):

Unit:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

House

suffix:

name:		name:			
Address 1:	Church LANS	Address 1:	MAPLE DEWE		
Address 2:	Aston	Address 2:	HEATU FARM		
Address 3:	WEM	Address 3:			
Town:	Sneedsbury	Town:	Suzewsbury		
County:	Sueof Suize	County:	Sneof snize		
Country:	ENGLAND	Country:	ENGLAND		
Postcode:	544 5 36	Postcode:	SY1 35E		
3. Descrip	otion of Proposed Works				
Please descri	ibe the proposed works:				
Two Stoney Extension To THE SIDE of					
THE PROPERTY (To PASULOS DOWNSTAIRS AREA FOR					
PARTNER WHO HAS A FORM OF DEMENTIA).					
N					

3. Description of Proposed Works (continued)	WE DESCRIPTION TO THE TWO SERVICES
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? Yes No	
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: 3 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: Church Lane	Do the proposals require any diversions, extinguishments and/or creation of public
Address 2: ASTON	rights of way? Yes No If Yes to any questions, please show details on your plans or
Address 3: WEM	drawings and state the reference number(s) of the plan(s)/ drawing(s):
TOWN: SHEEWSBURY	
County: Suppossible	
Postcode (optional): SY4 SJG	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local authority about this application? 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: Reference: Date (DD MM YYYY): (must be pre-application submission)	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your boundary? 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
Details of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/
	drawing(s) and indicate the scale.
8. Parking	9. Council Employee / Member
Will the proposed works affect existing car parking arrangements?	Is the applicant or agent related to any member of staff or elected member of the council?
If Yes, please describe:	If Yes, please provide details:

	Existing (where applicable)	Proposed	Not applicable	Don't Know	ratarancas ir
Walls		BOXX WILL MATCH THE EXILTING IN GLOVE, PEXTURE & SOLE.			
Roof		THE EXISTING SLATE IN COLOUR, TENTURE & SIZE			
Windows		TIMBER TO NATO THE STYLE OF TO EXISTING	מא 🗆		
Doors		TIMBSE/METAL			
Boundary treatments (e.g. fences, walls)				6	
Vehicle access and hard-standing			No.		
Lighting					
Others (please specify)					1.
	tional information on submitted plan ences for the plan(s)/drawing(s)/desi	n(s)/drawing(s)/design and access statementing and access statement:	nt?	A	Yes

CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7 I certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (owner is a person with direction interest or leasehold interest with at least 7 years left to run) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so. Notice of the application has been published in the following newspaper (circulating in the area-where the land is situated): Notice of the application has been published in the following newspaper (circulating in the area-where the land is situated): Or signed - Agent: Date (DD/MM/YYYY) AGRICULTURAL HOLDINGS CERTIFICATE Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7 gricultural Land Declaration - You Must Complete Either A or B (A) None of the land to which the application relates is, or is part of, an agricultural helding. Or signed - Agent: Date (DD/MM/YYYY)	11 Contificator (continued)		*			
Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7 Certiffy/The Agnication	11. Certificates (continued)	CERTIFICATE OF OWNERSHIP CERTI	EICATED			
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2. Planning Application Requirements - Checklist lease read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all	normation required will result in your at	oplication being deemed invalid. It will not be	e considered valid until all inf	ormation required by		
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14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional):	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional):
Country code: Fax number (optional): Email address (optional):	Country code: Fax number (optional): Email address (optional): andrew lackley 3@ hatmail. Can
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or If 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: Contact name:	r other public land? Yes No Applicant Other (if different from the agent/applicant's details) Telephone number:
Email address:	

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