

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

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lease 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. An ubsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in greement with the declaration section.

Ipon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its bligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and ommercial requirements relating to information security and data protection of the information you have provided.

.ocal Planning Authority details:



Development Management Service
Wellingborough Office
Swanspool House
Doddington Road
Wellingborough NN8 1BP
Tel: 01933 231906
www.northnorthants.gov.uk

'ublication 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 vebsite.

lease ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require ny further clarification, please contact the Local Planning Authority directly.

printed, please complete using block capitals and black ink.

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

Applicant Name and Address			
Title:	MR First name: PAUL		
Last name:	DAVIES		
Company (optional):			
Unit:	House house suffix:		
House name:	CHURCH FARM COTTAGE		
Address 1:	HARROWDEN ROAD		
Address 2:	ORLINGBURY		
Address 3:			
Town:			
County:	NORTHANDTONSHIRE		
Country:			
Postcode:	NN14 1JB		

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:	1/4	111-11-1-11
Town:	4	
County:	1	
Country:		
Postcode:		

3. Site Address Details	4. 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 suffix:	authority about this application?				
House name: CHURCH FARM CDTTAGE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: HARROWDEN ROAD	application more efficiently). Please tick if the full contact details are not				
Address 2: ORLIN GBURY	known, and then complete as much as possible:				
Address 3:	Officer name:				
Town:	Reference:				
County: NORTHAMPTONIHIRE NORTH	NONE				
Postcode Atalana (CR)	Date (DD/MM/YYYY): 20/05/2621				
(optional): NNH 13 D Description of location or a grid reference. (must be completed if postcode is not known):	(mast be pre-application sabinission)				
(must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:	TO SUBMIT DISCHARGE FORM.				
Description:	TO JUBIT PHOTOGRAPHS VIA EMAIL				
CONSERVATORY ATTACHED TO 6 HARROWDEN ROAD	TO ALYSON OF DOUBLE GLAZING.				
E. D. Wildiam Of Vous Proposal					
5. Description Of Your Proposal Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:					
REPLACE METAL (WINDOW) FRAMES WITH WOODEN FRAMES AND					
	(FROM SINGLE GLAZED WINDOWS)				
Reference number: WP/2013/0487/LB Date of decision: 19/09/2013 (Date must be pre-application submission) (DD/MM/YYYY)					
Please state the condition number(s) to which this application rela					
1) WORK CONPLETED WITH 3 MEAR!	6.				
2) FULL DETAIL OF DOUBLE GLAZING	7.				
3	8.				
4	9.				
5.	10.				
Has the development already started?	Yes No				
If Yes, please state when the development started (DD/MM/YYYY): O1/10/2013 (date must be pre-application submission)					
Has the development been completed?	Yes No				
If Yes, please state when the development was completed (DD/MM/YYYY): 02/12/2013 (date must be pre-application submission)					
6. Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval:					
PHOTOGRAPHS OF CONSERVATORY SENT AS ATTACHMENT EMAILED TO ALYSON SMITH ON 21/05/2021					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:					
CONDITION 2					
The state of the s					

B. 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 invite Local Planning Authority (LPA) has been submitted.				
The original and 3 copies* of a completed and dated application form:	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:			
The correct fee:				
'National legislation specifies that the applicant must provide the original of four copies), unless the application is submitted electronically PAs may also accept supporting documents in electronic format by you can check your LPA's website for information or contact their plant	or, the LPA indicate that a smaller number of copies is required. cost (for example, on a CD, DVD or USB memory stick).			
9. Declaration /we hereby apply for planning permission/consent as described in the nformation. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent:			
	- Indiana rigona			
Date (DD/MM/YYYY): 21 05 2 02 1 (date cannot be pre-application) 10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers	Telephone numbers			
Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional):	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional):			
Tax number (optional).	Tax Harriser (optionary.			
Email address (optional):	Email address (optional):			
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or	other public land? Yes No			
f the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) f Other has been selected, please provide: Agent Applicant Other (if different fine agent/applicant's of agent/applicant's of agent/applicant's of agent/applicant's of agent agent/applicant's of agent agent/applicant's of agent ag				
Contact name: Telephone number:				
Email address:				

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