

Householder Application for Planning Permission for works or extension to a dwelling. 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 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:



Planning and Development Management

Gloucester Road, Tewkesbury, Gloucestershire, GL20 5TT

Email: developmentapplications@tewkesbury.gov.uk Website: www.tewkesbury.gov.uk Telephone: 01684 295010

Fax: 01684 272227

Publication on Local 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 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.

1. Applic	ant Name and Address	2. Agent Nam	e and Address
Title:		Title:	First name:
Last name:		Last name:	
Company (optional):		Company (optional):	
Unit:	House number: 26 House suffix:	Unit:	House House suffix:
House name:		House name:	
Address 1:	LASNE CRESCENT	Address 1:	/ .
Address 2:	BROCKWOPTH	Address 2:	
Address 3:		Address 3:	
Town:	GLOUCESTER	Town:	
County:	GLONCESTERSHIRE	County:	
Country:	UK	Country:	
N	GL3 4UX		1

Please describe the proposed works:	
SINGLE STORET EXTENSION AT REAR OF HOUSE AS PLANS, BUT WITH WHITE	PER ATTACHED
Has the work already started? If Yes, please state when the work was started (DD/MM/YYYY): Has the work already been completed? Yes No	(date must be pre-application submission)
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
A Cit- Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
4. Site Address Details Please provide the full postal address of the application site. Unit: House number: 2.6 House suffix:	Is a new or altered vehicle access proposed to or from the public highway? Yes No Is a new or altered pedestrian access proposed to or from the public highway? Yes No
House name: Address 1: LASNE CRESCENT	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?
Address 3: GEOUCHORTH	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town: GLOUCESTERS	
Postcode CL3 4UX	
(optional): CLS 40 X	
6. Pre-application Advice 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).	7. Trees and Hedges Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? 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:	
Reference:	
Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	Will any trees or hedges need to be removed or pruned in order to carry out your proposal? 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)/drawing(s) and indicate the scale.

Will the proposed work If Yes, please describe:	s affect existing car parking arrangements?	Yes No		
means related, by birth	ple of decision-making that the process is open an or otherwise, closely enough that a fair minded an	d transparent. For the purposes of this question, "red informed observer, having considered the facts,"	elated t	to"
Do any of the following	s bias on the part of the decision-maker in the local 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	i:	
iτ res, please provide d	letails of their name, role and how you are related t	to them.		
10. Materials If applicable, please sta	te what materials are to be used externally. Includ	e type, colour and name for each material:		
	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	20 N/mm BRICKWORK (102 mm) RED	CONCRETE BLOCKWORK, RENDERED (WHITE)		
Roof	TILED PITCHED ROOF	FLAT ROOF COVERED IN EPOM RUBBER (ORPH CREY) WITH ANTRACITE AWMINIUM 4 CLEAR CILASS ROOF LANTERN		
Windows				
Doors	ANTHRACITE ALUMINIUM 4 CLEAR GLASS SIDE DOOR F MATCHING RI-FOLD DOORS TO THE REAR	SAME AS EXISTING		
Boundary treatments (e.g. fences, walls)			1	

If applicable, please s	tate what materials are to be used externally. Include type, colour and name for each material:		
Vehicle access and hard-standing			
Lighting	PIR SECURITY LIGHT AIMING DOWN THE GARDEN 4 TWO SAME AS EXISTING BRUSHED STEEL UP/DOWN WAL LIGHTS		
Others (please specify)		D	
record to the same of the same	ditional information on submitted plan(s)/drawing(s)/design and access statement? Yes erences for the plan(s)/drawing(s)/design and access statement:	L	No
	S PROPOSED ELEVATIONS		

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. Or signed - Agent: Date (DD/MM/YYYY): 25/04/2021 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 application relates. * "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** Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

for this application find out the names and addresses out It I have/ the applicant has been unal sehold interest with at least 7 years left	f the other owners* and/or agricultural tenants** of ole to do so.
Address	Date Notice Served
	On the following date (which must not be earlier than 21 days before the date of the application):
Or signed - Agent:	Date (DD/MM/YYYY)
TIFICATE OF OWNERSHIP - CERTIF	ICATE D
plication find out the names and addresses of and/or agricultural tenant** of any p to so. ehold interest with at least 7 years left	
he following newspaper):	On the following date (which must not be earlier than 21 days before the date of the application):
Or signed - Agent:	Date (DD/MM/YYYY):
	for this application of find out the names and addresses of it I have/ the applicant has been unalsehold interest with at least 7 years left ection 65(8) of the Town and Country Participant of the following newspaper ed: Or signed - Agent: Or signed - Agent:

information required will result in your application being deemed invelocal 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 original and 3 copies* of a The original and 3 completed and dated application form:	tatement if
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:	completed, dated Ownership
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	
*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 p You can check your LPA's website for information or contact their plan	post (for example, on a CD. DVD or USB memory stick).
13. 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.	facts stated are true and accurate and any opinions given are the
Or signed - Agent:	Date (DD/MM/YYYY):
	25/04/2021 (date cannot be pre-application)
14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Country code: National number: Extension number:
Country code: National number: number:	
Country code: National number: number: Country code: Mobile number (optional):	Country code: National number: number: Country code: Mobile number (optional):
Country code: National number: number:	Country code: National number: number:
Country code: National number: number: Country code: Mobile number (optional):	Country code: National number: number: Country code: Mobile number (optional):
Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional):	Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional):
Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional):	Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional):
Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
Country code: National number: number: Country code: Nobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Can the site be seen from a public road, public footpath, bridleway or lifthe 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:	Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details)
Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Can the site be seen from a public road, public footpath, bridleway or lf the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Other public land? Yes No Agent Applicant Other (if different from the
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