

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

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is form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting formation to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning evelopment Management Procedure) (England) Order 2015 (as amended).

becase 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. A bequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in reement with the declaration section.

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

ocal Planning Authority details:



Trinity Road, Cirencester, Glos. GL7 1PX
Tel: 01285 623000 Fax: 01285 623905
Email: planning@cotswold.gov.uk www.cotswold.gov.uk



ublication of applications on planning authority websites

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

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

printed, please complete using block capitals and black ink.

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

. Applic	ant Name and Address	2. Agent Name and Address	
itle:	HR First name: BARRY	Title: First name:	
ast name:	DANIELL	Last name:	
ompany optional):		Company (optional):	
nit:	House House suffix:	Unit: House number: House suffix:	
ouse ame:	DALARNA	House name:	
ddress 1:	DONNINGTON	Address 1:	
ddress 2:		Address 2:	
ddress 3:		Address 3:	
own:	MORETON IN HABIH	Town:	
ounty:	CLOCKESTRESHIRE	County:	
ountry:		Country:	
ostcode:	GLS6 OXZ	Postcode:	

Authority about this application? Not provided a completed of postcode is not known; and then complete as much as possible.	. Site Address Details	4. Pre-application Advice				
In number: suffix: suf	ease provide the full postal address of the application site.	Has assistance or prior advice been sought from the local				
## ACLASS A work of the submitty to deal with this application more efficiently. Please tick if the full contact details are not application more efficiently. Please tick if the full contact details are not application of location or a grid reference. Description of location or a grid reference in use be completed if postcode is not known): assing Details of pre-application advice received?	11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	authority about this application? No				
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	. Part Discharge Of Condition(s)					
Yes, please indicate which part of the condition your application relates to:	re you seeking to discharge only part of a condition? Yes, please indicate which part of the condition your application re					

ease read the following checklist to make iformation required will result in your apple Local Planning Authority (LPA) has been	dication being deemed	the information in support of your proposal. Failure to submit all invalid. It will not be considered valid until all information required by
ne original and 3 copies* of a ompleted and dated application form:	☐ TI	he original and 3 copies* of other plans and drawings r information necessary to describe the subject of the application:
ne correct fee:	V #34	
 Tall of four copies), unless the application As may also accept supporting document 	is submitted electronic its in electronic format	original plus three copies of the form and supporting documents (a ally or, the LPA indicate that a smaller number of copies is required. by post (for example, on a CD, DVD or USB memory stick). planning department to discuss these options.
enuine opinions of the person(s) giving the ignormation (a) giving the ignormation (b) are (DD/N/N/TTTT).	oi my/our knowledge, a	n this form and the accompanying plans/drawings and additional any facts stated are true and accurate and any opinions given are the Or signed - Agent:
0. Applicant Contact Details		11. Agent Contact Details
elephone numbers		Telephone numbers
coulcoulcoulcoulcoulcoulcoulcoulcoulcoul	mber:	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
2. Site Visit		
an the site be seen from a public road, pub	NEW CONTRACTOR OF THE PROPERTY	or other public land? Yes No
the planning authority needs to make an a ut a site visit, whom should they contact? (Other has been selected, please provide:	appointment to carry Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)
ontact name:		Telephone number:
mail address:		

. Planning Application Requirements - Unecknst