

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

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:

HEATBINERS



Civic Offices, Elstree Way Boreharnwood Herts WD6 1WA Tel: 020 8207 2277 Fax: 020 8207 7444 Email: planning@hertsmere.gov.uk www.hertsmere.gov.uk

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. Applicant Name and Address		
Title:	MR First name: TORRY	
Last name:	01 SUUNAN	
Company (optional):		
Unit:	House number: 32 House suffix:	
House name:		
Address 1:	32 OAKROYD ANE.,	
Address 2:		
Address 3:		
Town:	POTTERS BAR	
County:	HORTS.	
Country:	ENGUAND	
Postcode:	EN6 2EV	

2. Agent N	lame and Address
Title:	MR First name: ANTHONY
Last name:	CONNEU
Company (optional):	
Unit:	House 72 House suffix:
House name:	
Address 1:	EUMROYD ANE.,
Address 2:	
Address 3:	
Town:	POTTORS BAR
County:	HOWTS,
Country:	ENGLAND
Postcode:	EN6 2EF

3. Description of Proposed Works			
Please describe the proposed works:			
EXTORNAU INSULATION	CLADDING (0		
SIDE EUGVATION			
Has the work already started? Yes No			
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. House House	Is a new or altered vehicle access proposed to or from the public highway? Yes No		
Unit: number: 32 suffix:	Is a new or altered pedestrian access proposed to or from the public highway? Yes No		
name:	proposed to or from the public highway? Yes No Do the proposals require any diversions,		
Address 1: OAKROYD XVG.	extinguishments and/or creation of public Yes No		
Address 2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/		
Address 3:	drawing(s):		
Town: POTTERS BARE			
County: HIDETS	N/A.		
Postcode (optional): CN6 2EU			
6. Pre-application Advice	7. Trees and Hedges		
Has assistance or prior advice been sought from the local authority about this application? Yes No	Are there any trees or hedges on your own property or on adjoining properties which		
If Yes, please complete the following information about the advice	are within falling distance of your proposed development?		
you were given. (This will help the authority to deal with this	If Yes, please mark their position on a scaled		
application more efficiently). Please tick if the full contact details are not	plan and state the reference number of any plans or drawings:		
known, and then complete as much possible:	N/A		
Officer name:			
Reference:			
	Will any trees or hedges need to be removed or pruned in		
Date (DD MM YYYY):	order to carry out your proposal?		
(must be pre-application submission) Details of the pre-application advice received:	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)/		
Details of the big-application advice received.	drawing(s) and indicate the scale.		

THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.

8. Parking Will the proposed works affect existing car parking arrangements? Yes No					
If Yes, please describe:					
It is an important princip	9. 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 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 de	etalls of their name, role and how you are related to	o them.			
10. Materials If applicable, please stat	10. Materials If applicable, please state what materials are to be used externally. Include type, colour and name for each material:				
	Existing (where applicable)	Proposed	10 0 1	Don't Know	
Walls	RENDORE FINISH	RENDORDD FINISH TO MATCH EXICTING			
Roof	N/A				
Windows	N/A				
Doors	N/A				
Boundary treatments (e.g. fences, walls)	N/A				

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10. Materials				
If applicable, please state what materials are to be used externally. Include type, colour and name for each material:				
Vehicle access and hard-standing	N/A			
Lighting	N/A			
Others (please specify)	NA			
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? If Yes, please state references for the plan(s)/drawing(s)/design and access statement: Dexwina SF/I				

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11. 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. Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant: 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 **Date Notice Served** Name of Owner / Agricultural Tenant Address Date (DD/MM/YYYY):

Or signed - Agent:

Signed - Applicant:

Town and Country Planning (Develop Learning The applicant certifies that:	CERTIFICATE OF OWNERSHIP - CER oment Management Procedure) (E	TIFICATE C	te under Article 14
Neither Certificate A or B can be issue All reasonable steps have been taken the land or building, or of a part of it, "owner" is a person with a freehold interest or i "agricultural tenant" has the meaning given i	to find out the names and addresses but I have/ the applicant has been upleasehold interest with at least 7 years.	nable to do so. <i>left to run.</i>	agricultural tenants** of
The steps taken were:			
Name of Owner / Agricultural Tenant	Address		Date Notice Served
Notice of the application has been published	d in the following newspaper	On the following date (w	hich must not be earlier
(circulating in the area where the land is situ	iated):	than 21 days before the	date of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
	CERTIFICATE OF OWNERSHIP - CER	TIEICATE D	
Town and Country Planning (Develor I certify/ The applicant certifies that: Certificate A cannot be issued for this All reasonable steps have been taken date of this application, was the own have/ the applicant has been unable ""owner" is a person with a freehold interest or	application to find out the names and addresse er* and/or agricultural tenant** of an to do so. leasehold interest with at least 7 years	ingland) Order 2015 Certific s of everyone else who, on the ny part of the land to which the left to run.	e day 21 days before the
** *agricultural tenant" has the meaning given in the steps taken were:	in section 65(8) of the Town and Count	ry Planning Act 1990	
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	On allemant Assemb		Date (DD/MM/YYYY):
Signed - Applicant:	Or signed - Agent:		
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Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted. The original and 3 copies* of a completed and dated application form: 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: 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 original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for Information or contact their planning department to discuss these options.			
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 genulne opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent: 14. Applicant Contact Details Telephone numbers Country code: National number: Country code: Country code: Extension number: Country code: Extension number: Country code: Extension number: Country code: Extension number:			
16. Site Visit			
Can the site be seen from a public road, public footpath, bridleway or 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) Applicant Other (if different from the agent/applicant's details)			
If Other has been selected, please provide: Contact name: Telephone number:			
Emall address:			

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