



PLANNING

Dover District Council White Cliffs Business Park, Dover, Kent CT16 3PJ. Tel: 01304 821199 www.dover.gov.uk/planning

Email: developmentcontrol@dover.gov.uk MAIL ROOM

Application for Planning Permission. Town and Country Planning Act 1990

20 MAY 2021

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov)uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

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

1. Applicant Name and Address	2. Agent Name and Address
Title: MISS First name: VALERIE	Title: First name:
'-st name: MAY	Last name:
Company (optional):	Company (optional):
Unit: House number: House suffix:	Unit: House humber: House suffix:
House name:	House name:
Address 1:	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
Town:	Town:
County:	County:
Country:	Country:
Postcode:	Postcode:
3. Description of the Proposal	
Please describe the proposed development, including any change	ge of use:
NEW BARN FOR INDOOR FEED STORE.	STABLING, TACK ROOM,
FEED STORE.	
Has the building, work or change of use already started?	Yes No
If Yes, please state the date when building,	
work or use were started (DD/MM/YYYY):	(date must be pre-application submission)
Has the building, work or change of use been completed?	☐ Yes No
If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):	(date must be pre-application submission)

	dress Details	225 240	5. Pre-application Advice
Please provid	de the full postal address of the		Has assistance or prior advice been sought from the local authority about this application?
Unit:	House number:	House suffix:	authority about this application?
House name:	DRAINLESS	FARM	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1:	DRAINLESS	ROAD	application more efficiently). Please tick if the full contact details are not
Address 2:			known, and then complete as much as possible:
Address 3:			Officer name:
Town:	EASTRY		
County:	KENT		Reference:
Postcode (optional):	CT13 OEA		
Description of	of location or a grid reference. npleted if postcode is not know	Ma).	Date (DD/MM/YYYY):
-		g: 155632	(must be pre-application submission)
Description:		12000	Details of pre-application advice received?
I.			
1			
<u></u>			
6. Pedestri	an and Vehicle Access, Roa	ds and Rights of \	7. Waste Storage and Collection
	tered vehicle access proposed		Do the plans incorporate areas to store
to or from the	e public highway?	Yes U	
	tered pedestrian sed to or from		If Yes, please provide details:
the public hi		Yes V	BULK BIN COLLECTION BY
Are there any provided wit	y new public roads to be hin the site?	☐ Yes ☐	BULK BIN COLLECTION BY LOCAL FARMER.
Are there any			
rights of way	to be provided	□ v □	
CC 3000	acent to the site?	Yes	NO L
	osals require any diversions nents and/or		Have arrangements been made for the separate storage and
	ghts of way?	Yes	collection of recyclable waste?
If you answe	ered Yes to any of the above quour plans/drawings and state the	estions, please show	If Yes, please provide details:
(s)/drawings	s(s)	To reference of the p	
			$M \sim 14$
	ity Employee / Member		
With respect	to the Authority, I am: (a) a m	ember of staff elected member	Do any of these statements apply to you? Yes No
	(c) rela	ited to a member of	
If Voc plane	3 10 10 10 10 10 10 10 10 10 10 10 10 10	ated to an elected m	ember
ii res, piease	provide details of the name, r	elationship and role	

11/2	disting vhere applicable)	Proposed	Not	Don' Knov
Walls		COLD ROLLED PROFILE JUN		
Roof		PRUFILE JUNIPO		
Windows				3
Doors		ROSLER SHUTTI EITHER END PERSONNEL D	AND [
Boundary treatments (e.g. fences, walls)		ENGTE FOR SID] [
Vehicle access and hard-standing		ExISTING.		
Lighting		ELECTRIC XIS	471006	
Others (please specify)				
A. BLOCK PRA	nces for the plan(s)/drawing(s)/desi	ign and access statement: D = PLANNINGS STRUCTURE PLANNINGS PLANNINGS	5	□ No
O. Vehicle Parking Please provide inform		number of on-site parking spaces:		
Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces	
Cars	4	0	67	
Light goods vehicle public carrier vehic	les	0		
Motorcycles		C .	<u> </u>	
Disability spaces	0	0 - 1	0	
Cycle spaces Other (e.g. Bus)		0		
Other (e.g. Bus)			0	
Other (c.g. out)	10000	1/2/		

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

9. Materials

	/
11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and
Mains sewer Cess pit	consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	☐ Yes ☐ No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system?	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No
If Yes, please include the details of the existing system on the application drawings and state references for the	Will the proposal increase the flood risk elsewhere?
plan(s)/drawing(s):	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
1/1	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
13. blodiversity and deblogical conservation	Please describe the current use of the site:
To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable	GRAZING
likelihood that any important biodiversity or geological	GICHZING
conservation features may be present or nearby and whether they are likely to be affected by your proposals.	
Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved	Is the site currently vacant?
and enhanced within the application site, or on land adjacent to	If Yes, please describe the last use of the site:
or near the application site?	
a) Protected and priority species:	
Yes, on the development site Yes, on land adjacent to or near the proposed development	
No	When did this use end (if known)?
b) Designated sites, important habitats or other biodiversity	(date where known may be approximate)
features:	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination
Yes, on the development site	assessment with your application.
Yes, on land adjacent to or near the proposed development No	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site? Yes No
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development	be particularly vulnerable
No	to the presence of contamination?
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the proposed development site?	Does the proposal involve the need to dispose of trade effluents or waste?
And/or: Are there trees or hedges on land adjacent to the	If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the development or might be important as part of the local landscape character?	of trade effluents or waste
If Yes to either or both of the above, you may need to provide a full	
Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be	
submitted alongside your application. Your local planning authority should make clear on its website what the survey should	
contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.][

1	Propos	ed	Hous	ing					Existi	ng H	lous	ing			
Market	Not		Numl	mber of Be		ooms	Total	Market	Not		Number o		of Bedrooms		Total
Housing	known	1	2	3	4+	Unknown		Housing	known	1	2	3	4+	Unknown	
Houses							÷	Houses							7.2
Flats and maisonettes							l,	Flats and maisonettes							Ď
Live-work units							15	Live-work units							3.
Cluster flats							전	Cluster flats							11
Sheltered housing							E.	Sheltered housing							0.0
Bedsit/studios							E	Bedsit/studios							#
Unknown type							ij.	Unknown type	Ò						13
	To	otals	(a + b) + C +	d + e	+ f + g) =	χī		To	tals	(a + b) + C +	d + e	+ f + g) =	F
Social Rented	Not		7			ooms	Total	Social Rented	Not		Numl	per of	Bedr	r	Tota
	known	1	2	3	4+	Unknown			known	1	2	3	4+	Unknown	
Houses							- 44	Houses							77
ts and maisonettes							D.	Flats and maisonettes							X.
Live-work units							: C	Live-work units							2
Cluster flats							i,t,	Cluster flats							ď
Sheltered housing							-a	Sheltered housing							-6
Bedsit/studios							1	Bedsit/studios							ī
Unknown type							g	Unknown type							107
	To	otals	s (a + b) + C +	d + e	+ f + g) =	-6		Т	otals	(a + L) + C +	d + e	+ f + g) =	1
					NSX - 82		I=I				-Calcari	142	ale II III		
Intermediate	Not known	1	Num 2	oer of	Bedr 4+	ooms Unknown	Total	Intermediate	Not known	1	Num 2	oer of	Bedr 4+	ooms Unknown	Tota
Houses							-87	Houses							-0
Flats and maisonettes							6:	Flats and malsonettes							1
Live-work units							- 5	Live-work units							×
Cluster flats							(dec	Cluster flats							:d
Sheltered housing							10	Sheltered housing							145
ಾಡsit/studios							1	Bedsit/studios							Ţ
Unknown type							0	Unknown type							g
	T	otal	s (a + l) + C +	d + e	+f+g)=	C		T	otals	(3+1) + C +	d + e	+f+g)=	Ü
	1														
Key worker	Not known	1		-		ooms Unknown	Total	Key worker	Not known	1		-	7	ooms	Tota
Houses			Z	3	4+	UNKNOW	20	Houses		-1		3	4+	Unknown	
Flats and maisonettes				-	-		- 1	Flats and maisonettes			-				2.
Live-work units				-			-						-		1 1/2
		_	-	-	-		-	Elve-work units			-				H H
Cluster flats			-	-			B	Cluster flats			-				
Sheltered housing					-		- (1	Sheltered housing						-	П
Bedsit/studios			-		_	-	-	Bedsit/studios	무				_	-	1
Unknown type				l	<u></u>		3	Unknown type						<u> </u>	10.
		otal	s (a + l) + C +	d + e	+f+g)=	12		Т	otal	s (a + i	D + C =	- d + e	(f + f + g) =	12
Total proposed	rocidoni	lialı	mite	// .	0.0	(+ D) =		Total existing	tacidat	tial	umita	/E		G + H) =	

If yo	u have answe	red Yes to th	ne que	estion above plea	ase add detalls i	n the follow	ing table;	
Use class/type of use			Not applicable	Existing gross Internal floorspace (square metres)	Gross internal to be lost by o use or dem (square m	change of nolition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following developmen (square metres)
A1 Shops		pps						
	Net trada	A300,000,000,000,000,000						
A2	Financ profession	ial and al services						
А3	Restaurant	s and cafes						
A4	Drinking est	ablishments						
A5	Hot food t	akeaways						
B1 (a)	Office (other	er than A2)						
B1 (b)		ch and pment						
B1 (c)		dustrial						
B2	Generall	ndustrial						
B8	Storage or o	distribution						
C1		d halls of ence						
C2	The second of the second	institutions						
D1	Non-res	idential utions						
D2		and leisure	П					
OTHER						0=1		
Please			П					
Specify		tal						
In ac			ial ins	titutions and ho	stals nlease add	ditionally inc	l dicate the loss or gain of r	rooms
Use class	Type of use	Not applicable		ng rooms to be I of use or dem	ost by change	Total room	ns proposed (including manges of use)	Net additional rooms
C1	Hotels Residential							
C2	Institutions							
HER								
Please Specify								
	iployment omplete the f	ollowing info	ormai	tion regarding er Full-time	1000 0000	time		al full-time
Ex	isting employ	rees			30 TA 15 TO 6401	/	ec	juivalent
Pro	posed emplo	yees						
	urs of Ope		N-C		180.42			
Plea				or each non-resid			Sunday and	
	Use	IVI	onday	y to Friday	Saturda	У	Bank Holidays	Not known
						/		
							M	

\$Date:: 2013-04-30 #\$ \$Revision: 5504 \$

22. Industrial or Commercial Proce	sses	and Machiner	у	
Please describe the activities and processes to be carried out on the site and the end produplant, ventilation or air conditioning. Please type of machinery which may be installed or	which cts in includ site:	would cluding de the		
Is the proposal a waste management develo	pmei	nt? Yes	No	
If the answer is Yes, please complete the foll	owin	g table:		
	Not applicable	The total capace including engine allowance for c tonnes if solid	city of the void in cubic metres, eering surcharge and making no over or restoration material (or waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill				
Non-hazardous landfill			/	,
Hazardous landfill				
Energy from waste incineration				
Other Incineration				
Landfill gas generation plant				
Pyrolysis/gasification				
Metal recycling site				
Transfer stations				
Material recovery/recycling facilities (MRFs)				
Household civic amenity sites				
Open windrow composting				
In-vessel composting				
Anaerobic digestion Any combined mechanical, biological and/ or thermal treatment (MBT)				
Sewage treatment works			. \	
Other treatment	Ħ			
Recycling facilities construction, demolition and excavation waste				
Storage of waste				
Other waste management				
Other developments				
Please provide the maximum annual operat	ional	throughput of the	following waste streams:	
Municipal				
Construction, demolition and e		ation		
Commercial and indust	rial			
If this is a landfill application you will need to planning authority should make clear what	o pro infor	vide further inform	 nation before your application o on its website.	an be determined. Your waste
23. Hazardous Substances				
Does the proposal involve the use or storag		Philippine, and the second of	No. Not anni	aabla
the following materials in the quantities startly are please provide the amount of each su			No Not appli	Laule
Acrylonitrile (tonnes)		Ethylene oxide (tor	nnes)	Phosgene (tonnes)
Ammonia (tonnes)		rogen cyanide (tor		Sulphur dioxide (tonnes)
Bromine (tonnes)		Liquid oxygen (tor		Flour (tonnes)
Chlorine (tonnes) Li	quid	petroleum gas (tor	nnes) Refir	ned white sugar (tonnes)
Other:			Other:	
Amount (tonnes):			Amount (tonnes):	

24. 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 2010 Certificate under Article 12 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. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): **CERTIFICATE OF OWNERSHIP - CERTIFICATE B** Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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 **Date Notice Served** Address

Or signed - Agent:

Signed - Applicant:

Date (DD/MM/YYYY):

24. Ownership Certificates and Agric Town and Country Planning (Develop I certify/ The applicant certifies that: Neither Certificate A or B can be issue. All reasonable steps have been taken the land or building, or of a part of it, It is a person with a freehold interest or letter agricultural tenant" has the meaning given in the steps taken were:	ERTIFICATE OF OWNERSHIP - CERTION ment Management Procedure) (Englisher this application	IFICATE C gland) Order 2010 Certificate	
Name of Owner / Agricultural Tenant	Address		Date Notice Served
1			
Notice of the application has been published (circulating in the area where the land is situation)	in the following newspaper ted):	On the following date (which than 21 days before the date	must not be earlier of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
Town and Country Planning (Develop I certify/ The applicant certifies that: Certificate A cannot be issued for this a All reasonable steps have been taken to date of this application, was the owner have/ the applicant has been unable to "owner" is a person with a freehold interest or le "agricultural tenant" has the meaning given in The steps taken were:	application to find out the names and addresses o r* and/or agricultural tenant** of any to do so. tasehold interest with at least 7 years lef	gland) Order 2010 Certificate of everyone else who, on the day part of the land to which this appropriate to run.	21 days before the
Notice of the application has been published in (circulating in the area where the land is situat	n the following newspaper ed):	On the following date (which than 21 days before the date	
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
25. Planning Application Requirement Please read the following checklist to make suinformation required will result in your application the Local Planning Authority has been submitted.	re you have sent all the information in Ition being deemed invalid. It will not	support of your proposal. Failt be considered valid until all inf	ure to submit all formation required by
The original and 3 copies of a completed and application form:			
The original and 3 copies of the plan which ide the land to which the application relates draw identified scale and showing the direction of N	n to an	al and 3 copies of a design and a (see help text and guidance no al and 3 copies of the complete	tes for details):
The original and 3 copies of other plans and dr information necessary to describe the subject	Ownership awings or and Article	Certificate (A, B, C or D – as app e 12 Certificate (Agricultural Hol	olicable)

A STATE OF THE STA					
26. Declaration					
I/we hereby apply for planning permission/conse information. I/we confirm that, to the best of my, genuine opinions of the person(s) giving them.	ent as described in the lour knowledge, any	nis form and the acc facts stated are tru	companying plans e and accurate an	/drawings and ac d any opinions gi	lditional ven are the
Signed - Applicant:	Or signed - Agent:		Date (I	DD/MM/YYYY):	
			19/0		date cannot be ore-application)
27. Applicant Contact Details		28. Agent Co	ntact Details		
Telephone numbers		Telephone numb	nets		
Country code: National number:	Extension number:	Country code:	National number	:	Extension number:
		Country code:	Mobile number (optional):	_
		Country code:	Fax number (opti	onal):	_
		Email address (o	ntional):		
		Linaii adoi ess (o	ptionaly.		
	,	<u></u>			
Site Visit					
Can the site be seen from a public road, public fo	otpath, bridleway or	r other public land?	Yes	UNO	
If the planning authority needs to make an appoout a site visit, whom should they contact? (Pleas		Agent	Applicant		fferent from the lcant's details)
If Other has been selected, please provide:				3 11	
Contact name:		Telephone numb	er:		
E					