

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

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

²rivacy 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.

Jpon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its 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:



Customer Services

Cannards Grave Road, Shepton Mallet, Somerset BA4 5BT

Telephone: 0300 303 8588 Fax: 01749 344050

Email: customerservices@mendip.gov.uk

www.mendip.gov.uk

⁵ublication of applications on planning authority websites

Normation provided on this form and in supporting documents may be published on the authority's planning register and **Nebsite

Nebsite

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 Local Planning Authority directly.

f printed, please complete using block capitals and black ink.

t 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		2. Agent Name and Address
Title:	Dr First name: DAVD	Title: First name:
Last name:	Busc	Last name:
Company (optional):		Company (optional):
Unit:	House number: House suffix:	Unit: House number: Suffix:
House name:	SOUTH TOWN MALM	House name:
Address 1:	SOUTH TOWN LANG	Address 1:
Address 2:	WEST PENNARD	Address 2:
Address 3:		Address 3:
Town:	GLA 1BNBJM	Town:
County:	Smarker	County:
Country:	VK BAG 8NS	Country:

II Ille 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 number: House suffix:	authority about this application? Yes No				
House Southour Fall	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: Gatton LANE	application more efficiently).				
Address 2: WAT PANALY	Please tick if the full contact details are not known, and then complete as much as possible:				
Address 3:	Officer name:				
Town: GLASTSMM	Reference:				
County: Smath					
Postcode (optional): 13A 6 8N5	Date (DD/MM/YYYY):				
Description of location or a grid reference.	(must be pre-application submission)				
(must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing: Northin					
All. Het: 2020/1705/LBC.					
5. Description Of Your Proposal					
Please provide a description of the approved development as show and date of decision in the sections below:	n on the decision letter, including the application reference number				
1 APROVAN OF MUTAL	CHALE From DOTALS				
(ATTAMED) + PARE MI	EWIM OF THE MANGE				
Reference number: Date of decision: (Date must be pre-application submission) (DD/MM/YYYY)					
Please state the condition number(s) to which this application relate					
1. MOLTAL PRINTING CHARGE	6.				
2.	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):	(date must be pre-application submission)				
Has the development been completed?					
If Yes, please state when the development was completed (DD/MM/YYYY): (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:					
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PANEL FEADY FOR NEWIM					
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 re					

8. Planning Application Requirements - Checklist 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:	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 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.					
9. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.					
Signed - Applicant:	Or signed - Agent:				
Date (DD/MM/YYYY): (date cannot be pre-application)					
10. Applicant Contact Details	11. Agent Contact Details				
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):				
12. Site Visit	rather muchilia lando — — — — — — — — — — — — — — — — — — —				
Can the site be seen from a public road, public footpath, bridleway of the 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: Contact name:	Agent Applicant Other (if different from the agent/applicant's details) Telephone number:				
Email address:					