

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

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 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:

Planning Development Management, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND Tel: 0345 678 9004 Email: customer.service@shropshire.gov.uk www.shropshire.gov.uk/planning



2. Agent Name and Address

Publication of applications on 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 Local Planning 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. EMS. First name: 6.			
Last name:	Roberts			
Company (optional):				
Unit:	House House suffix:			
House name:				
Address 1:				
Address 2:				
Address 3:				
Town:				
County:				
Country:				
Postcode:				

Title:	Mr	First name:	Paul			
Last name:	Voues					
Company (optional):	P) INC					
Unit:		House number:	House suffix:			
House name:		-				
Address 1:						
Address 2:						
Address 3:						
Town:						
County:						
Country:						
Postcode:	4					

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3. Site Address Details			e-application Advice		
Please provide the full postal address of the application site.			sistance or prior advice been sought from the local ity about this application?		
Unit:	House House suffix:				
House name:	'Calinda',		please complete the following information about the advice ere given. (This will help the authority to deal with this		
Address 1:	Pour Garrey Lane,		ation more efficiently). tick if the full contact details are not		
Address 2:	Address 2: Pauk;		, and then complete as much as possible:		
Address 3:	Shropshire		name:		
Town:		Refere			
County:					
Postcode (optional):	5Y10. 7J5	(maximal)	Date (DD/MM/YYYY):		
Description of	of location or a grid reference. npleted if postcode is not known):		s of pre-application advice received?		
Easting:	Northing:				
Description:					
	tion Of Your Proposal				
and date of	decision in the sections below:		lecision letter, including the application reference number		
Evertion	of two storey extension to form adultional alterations to oreole annex, with propo	ioual C	iving accommodation		
and interi	ad alterations to create annex, with propo	अवर 3	bay cout shed.		
Reference nu	umber: 20/05040/FUL Date of decision:	7. June	(Date must be pre-application submission) (DD/MM/YYYY)		
Please state	the condition number(s) to which this application relate	es:			
1. 3.	Mateual samples	6.			
2. 4. Additional drawings.		7.			
AND	Theo Protection of Airboricultural Asspssment	8.			
	But & bird nesting boxes.	9.			
5.		10.			
Has the deve	elopment already started?	[☐ Yes ☑ No		
If Yes, please	e state when the development started (DD/MM/YYYY):	ſ	(date must be pre-application submission)		
Has the deve	elopment been completed?	[Yes No		
S WATER-AND WE	e state when the development was completed (DD/MM).	/YYYY): [(date must be pre-application		
			submission)		
A STATE OF THE PROPERTY OF THE PARTY OF	ge Of Condition	nn+ nrn hn	ing submitted for approval.		
	de a full description and/or list of the materials/details the number of CALIRCP (2), 2(3) 2 BPI (C)				
Lever Pho	numbered CAL/PCP 1(2),2(3) & BP1(C) ludges images of purposed materials for (av	t Shoot.			
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 relates to:					

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed in the Local Planning Authority (LPA) has been submitted.	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by					
The original and 3 copies* of a Completed and dated application form:	original and 3 copies* of other plans and drawings nformation necessary to describe the subject of the application:					
The correct fee:						
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronicall LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their plants.	y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick).					
9. Declaration I/we hereby apply for planning permission/consent as described in tinformation. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the					
Signed - Applicant:	Or signed - Agent:					
Date (DD/MM/YYYY):						
الان الان الان الان الان الان الان الان						
10. Applicant Contact Details	11. Agent Contact Details					
Telephone numbers	Telephone numbers					
Country code: National number: Extension number:	Country code: National number: Extension number:					
Country code: Mobile number (optional):	Country code: Mobile number (optional):					
Country code: Fax number (optional):	Country code: Fax number (optional):					
Email address (optional):	Email address (optional):					
12. Site Visit Can the site be seen from a public road, public footpath, bridleway o	or other public land? Yes No					
If the planning authority needs to make an appointment to carry	Applicant Other (if different from the					
out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:	agent/applicant's details)					
Contact name:	Telephone number:					

Email address: