

21/04/28

## Application for Planning Permission. 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 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:

Fylde Council  
 Development Management Team  
 Town Hall, St. Annes on Sea  
 Lancashire, FY8 1LW  
 Tel: 01253 658658  
 Email: [planning@fylde.gov.uk](mailto:planning@fylde.gov.uk)  
 Web: [www.fylde.gov.uk](http://www.fylde.gov.uk)



### 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		2. Agent Name and Address	
Title:	<input type="text" value="MR"/> First name: <input type="text" value="WILLIAM"/>	Title:	<input type="text"/> First name: <input type="text"/>
Last name:	<input type="text" value="BROOKS"/>	Last name:	<input type="text"/>
Company (optional):	<input type="text"/>	Company (optional):	<input type="text"/>
Unit:	<input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit:	<input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name:	<input type="text" value="SEL COURT"/>	House name:	<input type="text"/>
Address 1:	<input type="text" value="GARSTANG RD EAST"/>	Address 1:	<input type="text"/>
Address 2:	<input type="text"/>	Address 2:	<input type="text"/>
Address 3:	<input type="text"/>	Address 3:	<input type="text"/>
Town:	<input type="text" value="SINGLETON POULTON LE FYLDE"/>	Town:	<input type="text"/>
County:	<input type="text" value="LANCASHIRE"/>	County:	<input type="text"/>
Country:	<input type="text" value="ENGLAND"/>	Country:	<input type="text"/>
Postcode:	<input type="text" value="FY6 7SX"/>	Postcode:	<input type="text"/>

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

PROPOSED ERECTION OF 3 STABLES + TACK ROOM AND 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)

Reference no. of permission in principle being relied on (technical details consent applications only):

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:

House number:

House suffix:

House name:

LAND ADJACENT SELLCOURT

Address 1:

GARSTANG RD EAST

Address 2:

Address 3:

Town:

SINGLETON POULTON LE FYLDE

County:

LANCASHIRE

Postcode (optional):

FY6 7SX

Description of location or a grid reference. (must be completed if postcode is not known):

Easting:

Northing:

Description:

### 5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes

No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name:

Reference:

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

**6. Pedestrian and Vehicle Access, Roads and Rights of Way**

Is a new or altered vehicle access proposed to or from the public highway?  Yes  No

Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No

Are there any new public roads to be provided within the site?  Yes  No

Are there any new public rights of way to be provided within or adjacent to the site?  Yes  No

Do the proposals require any diversions /extinguishments and/or creation of rights of way?  Yes  No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

[Empty box for details]

**7. Waste Storage and Collection**

Do the plans incorporate areas to store and aid the collection of waste?  Yes  No

If Yes, please provide details:

TRAILER STATIONED FOR MANURE AND MUCK.

Have arrangements been made for the separate storage and collection of recyclable waste?  Yes  No

If Yes, please provide details:

[Empty box for details]

**8. 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  No 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 details of their name, role and how you are related to them.

[Empty box for details]

**9. Materials**

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

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls		TIMBER FRAME TREATED ON BLOCK PLINTH	<input type="checkbox"/>	<input type="checkbox"/>
Roof		CORRUGATED CEMENT + FIBRE SHEETS	<input type="checkbox"/>	<input type="checkbox"/>
Windows		NO WINDOWS CORRUGATED GRP ROOF LIGHTS ONLY	<input type="checkbox"/>	<input type="checkbox"/>
Doors		HARDWOOD TIMBER STABLE DOORS	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	EXISTING FENCES MAKE GOOD + EXISTING DENSE BOUNDARY HEDGES		<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing	EXISTING ACCESS WITH HARD GRAVEL DRIVE + PARKING		<input type="checkbox"/>	<input type="checkbox"/>
Lighting	MAINS TO BE CONNECTED		<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

Yes  No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

PLANS SUBMITTED FOR PROPOSED NEW STABLES 3 NO + TACK STORE

**10. Vehicle Parking**

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	N/A		
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			
Other (e.g. Bus)			

### 11. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer                       Cess pit  
 Septic tank                         Other  
 Package treatment plant

Are you proposing to connect to the existing drainage system?     Yes     No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

### 12. Assessment of Flood Risk

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 consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes     No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?     Yes     No

Will the proposal increase the flood risk elsewhere?     Yes     No

How will surface water be disposed of?

- Sustainable drainage system     Existing watercourse  
 Soakaway     Pond/lake  
 Main sewer

### 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological 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 and enhanced within the application site, or on land adjacent to 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

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

c) Features of geological conservation importance:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

### 14. Existing Use

Please describe the current use of the site:

PASTURE

Is the site currently vacant?     Yes     No

If Yes, please describe the last use of the site:

PASTURE

When did this use end (if known)?

DD/MM/YYYY

(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated?     Yes     No

Land where contamination is suspected for all or part of the site?     Yes     No

A proposed use that would be particularly vulnerable to the presence of contamination?     Yes     No

### 15. Trees and Hedges

Are there trees or hedges on the proposed development site?     Yes     No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?     Yes     No

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'.

### 16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?     Yes     No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

### 17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:

Yes

No

Proposed Housing							Existing Housing									
Market Housing	Not known	Number of Bedrooms					Total	Market Housing	Not known	Number of Bedrooms					Total	
		1	2	3	4+	Unknown				1	2	3	4+	Unknown		
Houses	<input type="checkbox"/>							<input type="checkbox"/>								
Flats/maisonettes	<input type="checkbox"/>							<input type="checkbox"/>								
Sheltered housing	<input type="checkbox"/>							<input type="checkbox"/>								
Bedsit/studios	<input type="checkbox"/>							<input type="checkbox"/>								
Cluster flats	<input type="checkbox"/>							<input type="checkbox"/>								
Other	<input type="checkbox"/>							<input type="checkbox"/>								
<b>Totals (a + b + c + d + e + f) =</b>							<b>Totals (a + b + c + d + e + f) =</b>									
Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total	Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total	
		1	2	3	4+	Unknown				1	2	3	4+	Unknown		
Houses	<input type="checkbox"/>							<input type="checkbox"/>								
Flats/maisonettes	<input type="checkbox"/>							<input type="checkbox"/>								
Sheltered housing	<input type="checkbox"/>							<input type="checkbox"/>								
Bedsit/studios	<input type="checkbox"/>							<input type="checkbox"/>								
Cluster flats	<input type="checkbox"/>							<input type="checkbox"/>								
Other	<input type="checkbox"/>							<input type="checkbox"/>								
<b>Totals (a + b + c + d + e + f) =</b>							<b>Totals (a + b + c + d + e + f) =</b>									
Affordable Home Ownership	Not known	Number of Bedrooms					Total	Affordable Home Ownership	Not known	Number of Bedrooms					Total	
		1	2	3	4+	Unknown				1	2	3	4+	Unknown		
Houses	<input type="checkbox"/>							<input type="checkbox"/>								
Flats/maisonettes	<input type="checkbox"/>							<input type="checkbox"/>								
Sheltered housing	<input type="checkbox"/>							<input type="checkbox"/>								
Bedsit/studios	<input type="checkbox"/>							<input type="checkbox"/>								
Cluster flats	<input type="checkbox"/>							<input type="checkbox"/>								
Other	<input type="checkbox"/>							<input type="checkbox"/>								
<b>Totals (a + b + c + d + e + f) =</b>							<b>Totals (a + b + c + d + e + f) =</b>									
Starter Homes	Not known	Number of Bedrooms					Total	Starter Homes	Not known	Number of Bedrooms					Total	
		1	2	3	4+	Unknown				1	2	3	4+	Unknown		
Houses	<input type="checkbox"/>							<input type="checkbox"/>								
Flats/maisonettes	<input type="checkbox"/>							<input type="checkbox"/>								
Bedsit/studios	<input type="checkbox"/>							<input type="checkbox"/>								
Other	<input type="checkbox"/>							<input type="checkbox"/>								
<b>Totals (a + b + c + d) =</b>							<b>Totals (a + b + c + d) =</b>									
Self Build and Custom Build	Not known	Number of Bedrooms					Total	Self Build and Custom Build	Not known	Number of Bedrooms					Total	
		1	2	3	4+	Unknown				1	2	3	4+	Unknown		
Houses	<input type="checkbox"/>							<input type="checkbox"/>								
Flats/maisonettes	<input type="checkbox"/>							<input type="checkbox"/>								
Bedsit/studios	<input type="checkbox"/>							<input type="checkbox"/>								
Other	<input type="checkbox"/>							<input type="checkbox"/>								
<b>Totals (a + b + c + d) =</b>							<b>Totals (a + b + c + d) =</b>									
<b>Total proposed residential units (A + B + C + D + E) =</b>							<b>Total existing residential units (F + G + H + I + J) =</b>									

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

**18. All Types of Development: Non-residential Floorspace**

Does your proposal involve the loss, gain or change of use of non-residential floorspace?  Yes  No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>				
Shops					
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services					
A3	<input type="checkbox"/>				
Restaurants and cafes					
A4	<input type="checkbox"/>				
Drinking establishments					
A5	<input type="checkbox"/>				
Hot food takeaways					
B1 (a)	<input type="checkbox"/>				
Office (other than A2)					
B1 (b)	<input type="checkbox"/>				
Research and development					
B1 (c)	<input type="checkbox"/>				
Light industrial					
B2	<input type="checkbox"/>				
General industrial					
B8	<input type="checkbox"/>				
Storage or distribution					
C1	<input type="checkbox"/>				
Hotels and halls of residence					
C2	<input type="checkbox"/>				
Residential institutions					
D1	<input type="checkbox"/>				
Non-residential institutions					
D2	<input type="checkbox"/>				
Assembly and leisure					
OTHER	<input type="checkbox"/>				
Please Specify	<input type="checkbox"/>				
Total					

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
OTHER		<input type="checkbox"/>			
Please Specify		<input type="checkbox"/>			

**19. Employment**

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

**20. Hours of Opening**

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

**21. Site Area**

Please state the site area in hectares (ha)

0.044

## 22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development?  Yes  No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below?  Yes  No  Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>	Phosgene (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>	Sulphur dioxide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>	Flour (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>	Refined white sugar (tonnes) <input type="text"/>

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

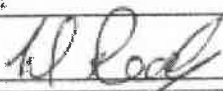
Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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.

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		13.5.2021

#### 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

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):