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# 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:



North Kesteven District Council, District Council Offices Kesteven Street, Sleaford, Lincolnshire NG34 7EF

Telephone: 01529 414155

### **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.

Applicant Name and Address			2. Agent Name and Address		
Title:	MR	First name: GORDON	Title:	ML First name: WAYNE	
Last name:	HOCKI	NG	Last name:	ISZATT	
Company (optional):			Company (optional):		
Unit:		House number: 2 House suffix:	Unit:	House number: 85 House suffix:	
House name:	PADO	OCK VIEW	House name:		
Address 1:	FERM	1 LANE	Address 1:	THE DROVE	
Address 2:	NORTH	1 KYME.	Address 2:		
Address 3:			Address 3:		
Town:			Town:	SLEAFORD	
County:	LINCS	LN4 40Q	County:	LINCS NG34 8TQ	
Country:	UK	•	Country:	IK	

Description of Proposed Works     Please describe the proposed works:	
SINGLE STOREY REAR EXTENSION RIDGE LEVEL, AND FRONT PORCH	AND ROOF EXENSION WITH RAISED
Has the work already started?  If Yes, please state when the work was started (DD/MM/YYYY):  Has the work already been completed?  Yes  No	(date must be pre-application submission
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
Address 2:  Address 3:  Town:  Please provide the full postal address of the application site.  House number: House suffix:  Address 3:  County:  Postcode (optional):	S. 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 Do the proposals require any diversions, extinguishments and/or creation of public rights of way?   Yes   No If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawlng(s):
6. Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application?  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 possible:  Officer name:	7. Trees and Hedges  Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development?  If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Reference:  Date (DD MM YYYY): (must be pre-application submission)  Details of the pre-application advice received:	Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No 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)/drawing(s) and indicate the scale.

8. Parking Will the proposed	works affect existing car parking arrangements?	Yes 1	No.			
f Yes, please desc	cribe:		The state of the s			
. Authority E	mployee / Member					
is an important	principle of decision-making that the process is open	n and transparent	For the purposes of this question	"related	to"	
onclude that the	birth or otherwise, closely enough that a fair minde re was bias on the part of the decision-maker in the	d and informed of local planning aut	iserver, having considered the fac hority.	ts, would		
	Wing statements apply to you and/	es No	With respect to the authority, I	am:		
			(a) a member of staff (b) an elected member (c) related to a member of staff			
6V1		Ro Approvinces	(d) related to an elected member	(d) related to an elected member		
res, please prov	vide details of their name, role and how you are relat	ted to them.				
	5					
	<b>b</b>					
0. Materials						
applicable, pleas	se state what materials are to be used externally. Inc	clude type, colour	and name for each material:			
	Eviation			e e	T	
	Existing (where applicable)	Proposed		Not applicable	Don	
				app		
	BRICK PAINTED WHITE	EXTERN	AL RENDERED			
Walls	+ STEEL FRAME.	Blacker	ORK PAINTED			
	+ STEEL FRAME.	WHITE	8			
		WATTE				
	Danie Carre Do Tur	TILES	TO MATCH			
Roof	DARK GREY PAN TILE	EXISTIA			-	
		Existor	-0 ,			
		/ "	•			
Windows	WHITE UPVC	WHITE	UPUC		1	
					-	
		1 HALTE	1.01 -			
Doors	WHITE UPVC	WHITE	UPVC			
					1	
Boundary treatm						

10. Materials  If applicable, please state what materials are	to be used externally. Include type, colour and name for a	each material:
Vehicle access and hard-standing		
Lighting		
Others (please specify)		
Are you supplying additional information or If Yes, please state references for the plan(s).  WAYNE ISZATT DRAWN		nt? Yes No

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

12. 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:  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:	Il within a The original and 3 copies* of the completed, dated Ownership
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pla	DOST (TOT AVAIDADE ON A LITE LIVE) or USB momonictick)
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 genuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant: Ocsigned - Agent	Date (DD/MM/YYYY):
	19/06/2021 (date cannot be pre-application)
14. Applicant Contact Details	15. 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):
у тактыны сориман.	Country code: Fax number (optional):
Email address (ontional):	Email address (optional):
	orchitectslincolnshire a gmail.com
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or	r 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)	☐ Agent ☐ Applicant ☐ Other (if different from the
If Other has been selected, please provide:	agent/applicant's details)
Contact name:	Telephone number: