



**CHELTENHAM**  
BOROUGH COUNCIL

**Built Environment Cheltenham Borough Council**  
Municipal offices, Promenade, Cheltenham, GL50 9SA

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phone: 01242 284328

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**Householder Application for Planning Permission for works or extension to a dwelling.**  
**Town and Country Planning Act 1990**

**Publication of planning applications on council websites**

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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:	<input type="text"/>	First name:	<input type="text"/>	Title:	<input type="text"/>	First name:	DENNIS
Last name:	JASON MAHON			Last name:	RAYTON		
Company (optional):	+ CLAIRE CULLINGSORD			Company (optional):	DENNIS L RAYTON LTD		
Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>	Unit:	<input type="text"/>
House name:	<input type="text"/>			House name:	HOLMBURY		
Address 1:	21 STANWICK GARDENS			Address 1:	60 WILLOW BANK ROAD		
Address 2:	<input type="text"/>			Address 2:	ALBERTON		
Address 3:	<input type="text"/>			Address 3:	TEWKESBURY		
Town:	CHELTENHAM			Town:	<input type="text"/>		
County:	GLOS			County:	GLOS		
Country:	<input type="text"/>			Country:	<input type="text"/>		
Postcode:	GL51 9LF			Postcode:	GL20 8NJ		

**3. Description of Proposed Works**

Please describe the proposed works:

REMOVE REAR CONSERVATORY AND  
ERECT SIDE STOREY EXTENSION  
+  
REMOVE FRONT AREA OF GARAGE AND  
ERECT REAR EXTENSION

### 3. Description of Proposed Works (continued)

Has the work already started?  Yes  No

If Yes, please state when the work was started (DD/MM/YYYY):  (date must be pre-application submission)

Has the work already been completed?  Yes  No

If Yes, please state when the work was completed (DD/MM/YYYY):  (date must be pre-application submission)

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

### 5. 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)/drawing(s):

### 6. 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 possible:

Officer name:

Reference:

Date (DD/MM/YYYY):  (must be pre-application submission)

Details of the pre-application advice received:

### 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 boundary?  Yes  No

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:

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  No

If Yes, please describe:

### 9. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the council?  Yes  No

If Yes, please provide details:

**10. 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	Drawing references if applicable
Walls	BRICK	BRICK TO MATCH	<input type="checkbox"/>	<input type="checkbox"/>	
Roof	TILES + FELT ROOF.	TILES + FELT FLAT TO MATCH	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	CASEMENTS	CASEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	TIMBER + UPVC	POWDER COATED ALI	<input type="checkbox"/>	<input type="checkbox"/>	
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vehicle access and hard-standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)			<input checked="" 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:

DRAWINGS 21:1950:01-08, SP01, SP02, LOC PLAN  
+ CIL FORM.



**11. Certificates**

**One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of the land or building to which the application relates.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Signature box for Applicant]

[Signature box for Agent]

27.7.21

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which this application relates.

Name of Owner	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Signature box for Applicant]

[Signature box for Agent]

[Date box]

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

The steps taken were:

[Text box for steps taken]

Name of Owner	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

[Newspaper name box]

[Date box]

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Signature box for Applicant]

[Signature box for Agent]

[Date box]

11. Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

[Empty box for steps taken]

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

[Empty box for newspaper name]

On the following date (which must not be earlier than 21 days before the date of the application):

[Empty box for date]

Signed - Applicant:

[Signature box]

Or signed - Agent:

[Empty box]

Date (DD/MM/YYYY):

[Empty box]

AGRICULTURAL HOLDINGS CERTIFICATE

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding

Signed - Applicant:

[Signature box]

Or signed - Agent:

DENNIS L RAYTON

Date (DD/MM/YYYY):

27 7 21

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

[Empty box]

Or signed - Agent:

[Empty box]

Date (DD/MM/YYYY):

[Empty box]

12. 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 has been submitted.

- 3 copies of a completed and dated application form:
- 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:
- 3 copies of other plans and drawings or information necessary to describe the subject of the application:
- 3 copies of a design and access statement where proposed works fall within one of the following designated areas:
  - National Park
  - Site of special scientific interest
  - Conservation area
  - Area of outstanding natural beauty
  - World Heritage Site
  - The Broads
- The correct fee: £ 200
- 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings):
- 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable):

13. Declaration

I/we hereby apply for planning permission/consent as described in the following plans/drawings and additional information.

Signed - Applicant:

[Empty box]

Or signed - Agent:

DENNIS L RAYTON

Date (DD/MM/YYYY):

27 7 21

(date cannot be pre-application)

**14. Applicant Contact Details**

Telephone numbers **JASON MAHON**

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

**15. Agent Contact Details**

Telephone numbers **DENNIS RAYTON**

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

**dennis.rayton@gmail.com**

**16. Site Visit**

Can the site be seen from a public road, public footpath, bridleway or 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 agent/applicant's details)

If Other has been selected, please provide:

Contact name: **JASON MAHON**

Email address: