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Application for listed building consent for alterations, extension or demolition of a listed building. 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.

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 and Sustainable Development

Correspondence address Comwall Council - Planning, PO Box 676, Threemilestone, Truro, TR1 9EQ Telephone 0300 1234 151 | Email planning@cornwall.gov.uk

@www.comwall.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. Applica             | ant Name and Address          |
|------------------------|-------------------------------|
| Title:                 | MA First name: GrARETH        |
| Last name:             | HORRELL                       |
| Company<br>(optional): |                               |
| Unit:                  | House number: / House suffix: |
| House<br>name:         |                               |
| Address 1:             | DUKE ST                       |
| Address 2:             | LAUNCESTON                    |
| Address 3:             |                               |
| Town:                  |                               |
| County:                | CORNWALL                      |
| Country:               | ENGLAND.                      |
| Postcode:              | PL158HE                       |

|                        |      | nd Address       | 52017          | _  |
|------------------------|------|------------------|----------------|----|
| Title:                 | MK   | First name:      | ADMIN          |    |
| Last name:             | PA   | 16               |                |    |
| Company<br>(optional): | DEVO | NAND G           | ORNIANCE WINNO | H  |
| Unit:                  | 2    | House<br>number: | House suffix:  |    |
| House<br>name:         | 570  | WE BU            | ILDING         |    |
| Address 1:             | NEL  | PORT /           | VULSTRIAL EST  | 97 |
| Address 2:             |      |                  |                |    |
| Address 3:             |      |                  |                |    |
| Town:                  | 104  | NCESTON          | /              |    |
| County:                | COK  | NEALL            | -              |    |
| Country:               | ENL  | LAND.            |                |    |
| Postcode:              | PLIS | 5 8EX.           |                |    |
|                        |      | Vors             | ion 2018 1     | _  |

| 3. Description of Pr                                  | roposed Work                                 |                             |                           |           |
|---|--|-----------------------------|---------------------------|-----------|
|   | posals to alter, extend or demolish the list | ed building(s):             |                           |           |
| Kêmovê E  | EXSITING WINDOWS                             | AND RESIA                   | et with                   | RESIDENCE |
| COLLECTION  | (WED PROPERSS: WWW                           | 1-residence colle           | chon Co.uk).              | As these  |
|   | most Like for Like                           |                             |                           |           |
| usto 10   | HEER MIE APPERA                              | wet of A                    | PROPERTY                  | PS        |
| IT LMS  | 1~ 78~ O8D.                                  |                             |                           |           |
| Has the work already star                             | rted without consent? Yes X                  | 0                           |                           |           |
| If Yes, please state when                             | the work was started (DD/MM/YYYY):           |                             |                           |           |
|   | (da  | ate must be pre-application | on submission)            |           |
| Has the work been comp                                | oleted without consent? Yes                  | No                          |                           |           |
| If Yes, please state the da                           | ate when the work was completed (DD/MI       | M/YYYY):                    |                           |           |
|   |  | (date must be p             | re-application submission | on)       |
| 4. Site Address De                                    | tails  |                             | MAX                       |           |
|   | postal address of the application site.      |                             |                           |           |
| Unit:   | House<br>number:                             | /                           | House<br>suffix:          |           |
| House name:   | number.                                      | (                           | Suma.                     |           |
| Address 1: Du   | ILL ST                                       |                             |                           |           |
| Address 2: 57   | STEPHENS                                     |                             |                           |           |
| Address 3:  |  |                             |                           |           |
|   | INCESTON                                     |                             |                           |           |
| County: Con   | NUALL  |                             |                           |           |
| Postcode<br>(optional):<br>Description of location of | PL15 8HE or a grid reference.                |                             |                           | ,         |
| (must be completed if p                               | oostcode is not known):                      |                             |                           |           |
| Easting: Description:                                 |  | Northing:                   |                           |           |
| Description.  |  |                             |                           |           |
|   |  |                             |                           |           |
|   |  |                             |                           |           |
|   |  |                             |                           |           |
|   |  |                             |                           |           |
|   |  |                             |                           |           |
|   |  |                             |                           |           |
|   |  |                             |                           |           |

| 5. Related Proposals  Are there any current applications, previous proposals or demolitions for the site?   | es 📈 No             | 6. Pre-application Advice  Has assistance or prior advice been sought from authority about this application?  |                |
|---|---------------------|---|----------------|
| If Yes please describe and include the planning ap reference number(s), if known:   |                     | If Yes, please complete the following information   |                |
| Description   | Reference<br>number | you were given. (This will help the authority to application more efficiently).  Please tick if the full contact details are not known, and then complete as much as possible | deal with this |
|   |                     | Officer name:   |                |
|   |                     | MILMET GOOCH Reference:   |                |
|   |                     | PARI/01448/PAFAPP.  |                |
|   |                     | Dete (DD/MM4/00/00  | 4/5/21.        |
|   |                     | THE POULE LAS A   | o FILL         |
|   |                     |   | LISTED         |
|   |                     | BULLDING CONSENT.   | ų.             |
|   |                     |   |                |
|   |                     |   |                |
| 7. Neighbour and Community Consultat  | tion                |   |                |
| Have you consulted your neighbours or the local co  |                     | the proposal? Yes No  |                |
| If Yes, please provide details:   |                     | 다.<br>  |                |
|   |                     |   |                |
|   |                     |   |                |
|   |                     |   |                |
|   |                     |   |                |
| 8. Authority Employee / Member It is an important principle of decision-making that means related, by birth or otherwise, closely enoug conclude that there was bias on the part of the dec | h that a fair-min   | led and informed observer, having considered the  |                |
| Do any of the following statements apply to you an  |                     | Yes No With respect to the authority, (a) a member of staff   | lam:           |
|   |                     | (b) an elected member<br>(c) related to a member of staf<br>(d) related to an elected mem   |                |
| If Yes, please provide details of their name, role and  | d how you are re    | ated to them.   |                |
|   |                     |   |                |
|   |                     |   |                |
|   |                     |   |                |
|   |                     |   |                |
|   |                     |   |                |

|   | (where applicable)  | Proposed         | Not<br>applicable | Don't<br>Know |
|---|---|------------------|-------------------|---------------|
| External walls                              |   |                  | Ø                 |               |
| Roof covering                               |   |                  |                   |               |
| Chimney                                     |   |                  | Ø                 |               |
| Windows                                     | All WINDOWS.  | Ras IN COTSLIDED | . 🗆               |               |
| External doors                              |   |                  | ×                 |               |
| Cellings                                    |   |                  | Ø                 |               |
| nternal walls                               |   |                  | Ø                 |               |
| Floors                                      |   |                  | Ø                 |               |
| nternal doors                               |   |                  | Ø                 |               |
| Rainwater goods                             |   |                  | Ø                 |               |
| Boundary treatments<br>(e.g. fences, walls) |   |                  | Ø                 |               |
| Vehicle access and<br>nard standing         |   |                  | A                 |               |
| Lighting                                    |   |                  | Ø                 |               |
| Others<br>(add description)                 |   |                  | abla              |               |
|   | tional information on submitted drawings or<br>(s)/drawing(s) references: | r plans? Yes No  |                   |               |

| 10. Demolition  | 11. Listed Building Alterations   |
|---|---|
| Does the proposal include the partial or total demolition of a listed building?  Yes No   | Do the proposed works include alterations to a listed building?   |
| If Yes, which of the following does the proposal involve?   | If Yes, do the proposed works include:  |
| a) Total demolition of the listed building: Yes No  | (you must answer each of the questions)   |
| b) Demolition of a building within the curtilage of the listed building: Yes No   | a) Works to the interior of the building?   |
| c) Demolition of a part of the listed building: Yes No  | b) Works to the exterior of the building? Yes No  |
| If the answer to c) is Yes:   | c) Works to any structure or object fixed   |
| i) What is the total volume of the listed building?(cubic metres)   | to the property (or buildings within its curtilage) internally or externally?   |
| ii) What is the volume of the part<br>to be demolished?(cubic metres)   | d) Stripping out of any Internal wall, celling or floor finishes (e.g. plaster, floorboards)?   |
| iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)                                   | If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the |
| Please provide a brief description of the building or part of the building you are proposing to demolish:   | proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):  |
| Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?   |   |
| 12. Listed Building Grading   | 13. Immunity From Listing   |
| Please state the grading (if known) of the building in the list of<br>Buildings of Special Architectural or Historic interest? (Note: only<br>one box must be ticked) | Has a Certificate of Immunity from Listing been sought in respect of this building?  ☐ Yes ☐ No ☑ Don't know  |
| Grade Ecclesiastical Grade I  | If Yes, please provide the result of the application:   |
| Grade II* Ecclesiastical Grade II*  |   |
| Grade II Ecclesiastical Grade II  |   |
| Don't know  |   |
|   |   |

## 14. Ownership Certificates One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 Locatify! The applicant certifies that on the day 21 days before the date of this application nobody except rayself! the applicant was the owner\* of any part of the land or building to which the application relates. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Signed - Applicant: Date DD/MM/YYYY): CERTIF Regulation 6 of the Planning s) Regulations 1990 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\* 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. Name of Owner Address Date Notice Served Signed - Applicant: Or signed - Agent: Date DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE C Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 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" of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. The steps taken were: Name of Owner Date Notice Served Address Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Signed - Applicant: Or signed - Agent: Date DD/MM/YYYY):

| CERTIFICATE OF OWNERSHIP - CERTIFICATE OF OWNERS | ation Areas) Regulations 1990  f everyone else who, on the day 21 days before the application relates, but I have/ the applicant has been   |
|--|---|
| 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):  |
| Signed - Applicant:  Or signed - Agent:  | Date DD/MM/YYYY):   |
| 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 and drawn to an information necessary.  The original and Ownership Certification relates and drawn to an information necessary.   | a copies* of other plans and drawings or essary to describe the subject of the application:  3 copies* of the completed dated ficate (A, B, C, or D - as applicable):  3 copies* of a design and access statement, nelp text and guidance notes for details):  copies of the form and supporting documents (a copies is required. |
| 16. Declaration  I/we hereby apply for planning permission/consent as described in this form and the information. I/we confirm that, to the best of my/genuine opinions of the person(s) giving them.  Signed - Applicant:  17. Applicant Contact Details  |   |
| Country code  Country code  Country code  Country code  Email address  | National number:  Mobile number (optional):  75/3//3063.  Fax number (optional):  |

| 19. Site Visit Can the site be seen from a public road, public footpath, bridleway o   | r other public land?   | <b>⋉</b> 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)  If Other has been selected, please provide:  Contact name: | Agent Telephone number | Applicant    | Other (if different from the agent/applicant's details) |
| Email address:   |                        |              |   |