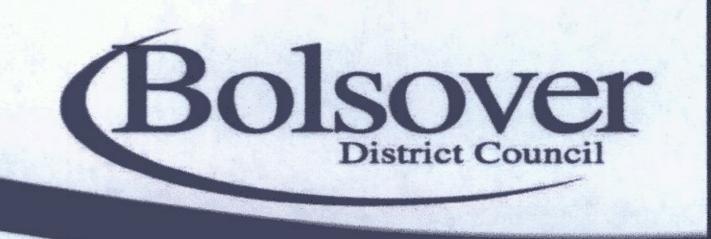
Planning Department Sherwood Lodge, Bolsover, Derbyshire, S44 6NF

Tel: 01246 242424 Fax 01246 242501

Email: dev.control@bolsover.gov.uk



Account Number: G0749053

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Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) 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: MR First name: 5	STUART	Title:	First name:	
Last name: HILL		Last name:		
Company (optional):		Company (optional):		
Unit: House number:	House suffix:	Unit:	House number:	House suffix:
House name: GLAPWELL NU	eseries	House name:		
Address 1: GLAPWELL LA	NE	Address 1:		
Address 2: GLAPWELL		Address 2:		
Address 3:		Address 3:		
Town: CHESTERFIELD		Town:		
County: DERBYSHIRE		County:		
Country: UK		Country:		
Postcode: S44 5PY		Postcode:		

3. Site Address Details	4. Pre-application Advice			
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local			
Unit: House number: House suffix:	authority about this application? Yes No			
House name: LAND AT THE TOP OF PARK	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: AVENUE, GLAPWELL	application more efficiently). Please tick if the full contact details are not			
Address 2:	known, and then complete as much as possible:			
Address 3:	Officer name:			
Town:	Reference:			
County:				
Postcode (optional):	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?			
Easting: Northing:				
Description:				
5. Description Of Your Proposal				
and date of decision in the sections below:	vn on the decision letter, including the application reference number			
Condition 26-19/00583/0UT-00	ology report			
Reference number: 19/00583/005 Date of decision:	2/4/2 (Date must be pre-application submission) (DD/MM/YYYY)			
Please state the condition number(s) to which this application relat				
	6.			
2.	7.			
3.	8.			
4.	9.			
5.	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application			
Has the development been completed? Yes V No				
(date must be pre-application				
submission)				
6. Discharge Of Condition Please provide a full description and/or list of the materials/details	that are being submitted for approval:			
Please provide a full description and/or list of the materials/details that are being submitted for approval: CONDITION 26 FOR APPLICATION 19100583100T, ECOLOGY REPORT				
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:				

*D-+- 2007/00/20 47 20 00 # #D-- 1-1-- 4 20 #

8. 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 other plans and drawings or information necessary to describe the subject of the application:					
9. Declaration					
I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.					
Signed - Applicant:	Or signed - Agent:				
Date (DD/MM/YYYY):					
28/7/2 (date cannot be pre-application)					
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 and a Maletta assessment for the second sec	Country code: Mobile number (optional):				
Country code: Mobile number (optional):	Country code. Wobite Humber (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 or other public land? Yes No					
If the planning authority needs to make an appointment to carry					
If Other has been selected, please provide: Contact name: Telephone number:					
Email address:					

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