

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

# Application for approval of details reserved by condition. Town and Country Planning Act 1990 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 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:



#### Maidstone Borough Council

Maidstone House King Street Maidstone, Kent ME15 6JQ www.maidstone.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.

Title:	mr	First name:	STE	EVEN	
Last name:	BOOTH				
Company (optional):					
Unit:		House number:	30	House suffix:	
House name:					
Address 1:	OAKWOOD ROAD				
Address 2:					
Address 3:					
Town:	MAIDSTONE				
County:	KEN	ソナ			
Country:	EN	CLAND			
Postcode:	MEI	6 8AL			

2. Agent Nam	ne and Address	
Title:	First name:	
Last name:		
Company (optional):		
Unit:	House number:	House suffix:
House name:		
Address 1:	12	
Address 2:	104	
Address 3:	7	
Town:		
County:		
Country:		
Postcode:		

3. Site Address Details  Please provide the full postal address of the application site.  Unit: House number: &O House suffix:  House name:  Address 1: OAKWOOD ROAD  Address 2: Address 3:  Town: MAIDS TONE  County: KENT  Postcode (optional): MEIB BAL  Description of location or a grid reference. (must be completed if postcode is not known):  Easting: Northing:  Description:	4. 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 as possible:  Officer name:  Reference:  Date (DD/MM/YYYY): (must be pre-application submission)  Details of pre-application advice received?					
Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:  ERECTION OF ANNEXE IN THE REAR CHROEN, ANCILLARY  TO MAIN DWELLING, 80 OAKWOOD RD, MAIDSTONE, KENT MEID 8AL.  Reference number: 21/500927/ Date of decision: 04/01/2021 (Date must be pre-application submission) (DD/MM/YYYY)  Please state the condition number(s) to which this application relates:						
1. DOVELOPMENT COMMENCEMENT	6. ENGRAY GRFICIENCY					
2. APPROVED PLANS	7.					
3. BUILDING EXTGRNAL SURFACES	8					
4. DWELLING SUB-DIVISION	9					
5. BIODIVERSITY	10					
Has the development already started?	∑ Yes					
If Yes, please state when the development started (DD/MM/YYYY): 23/07/202 (date must be pre-application submission)						
Has the development been completed?						
If Yes, please state when the development was completed (DD/MM/YYYY): (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 SEE GMAL SENT ON 08-PV4-2021 21:37						
WITH ALL CONDITIONS ANSWERD. EMAIL ALSO ATTACHED.						
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:						

사용 (BURNESS NOT THE STATE OF T	e sure you have sent all the olication being deemed inv	information in support of your proposal. Failure to submit all alid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	☐ The corinf	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:
The correct fee:		
total of four copies), unless the application LPAs may also accept supporting documer	is submitted electronically nts in electronic format by p	ginal plus three copies of the form and supporting documents (a or, the LPA indicate that a smaller number of copies is required. bost (for example, on a CD, DVD or USB memory stick). nning department to discuss these options.
information. I/we confirm that, to the best genuine opinions of the person(s) giving the Signed	of my/our knowledge, any	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the  Or signed - Agent:
10. Applicant Contact Details		11. Agent Contact Details
Telephone numbers		Telephone numbers
Country code:   Mobile number (optional):	Extension number:	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):
12. Site Visit		
Can the site be seen from a public road, pu		other public land? Yes No
If the planning authority needs to make an out a site visit, whom should they contact?	appointment to carry (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide: Contact name:		Telephone number:

Email address:

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