



Householder Application for Planning Permission for works or extension to a dwelling

Council	Mid Suffolk District Council
Applicant Name and Address	
Title	Mr
First name	Peter
Last name	Gudde
Company	
Property name/number	223
Address line 1	Mellis Road
Address line 2	Thornham Parva
Town/Village	Eye
County	Suffolk
Country	England
Postcode	IP23 8ET
Is an agent being used	No
Do you believe you are exempt from the application fee?	No, standard fees will apply
Planning application reference number for resubmission	
Description of Proposed Works	
Please describe the proposed works	Installation of heat pump
Has the work already started?	No
If Yes, please state when the work was started	
Has the work already been completed?	No
If Yes, please state when the work was completed	
Site Address Details	
Property name/number	223

Address line 1	Mellis Road
Address line 2	Thornham Parva
Town/Village	Eye
County	Suffolk
Postcode	IP23 8ET

Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?	No
Is a new or altered pedestrian access proposed to or from the public highway	No
Do the proposals require any diversions, extinguishments and/or creation of public rights of way?	No
If Yes to any of questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s)	

Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?	No
Officer name	
Pre-application reference	
Date	
Details of pre-application advice received	

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?	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?	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)/drawings(s) and indicate the scale.	
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Parking

Will the proposed works affect existing car parking arrangements	No
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If Yes, please describe	
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Authority Employee / Member

Do any of the listed statements apply to you and/or agent?	No
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If Yes, please provide details of their name, role and how you are related to them.	
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Materials

Walls	
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Not applicable / Dont know	Not applicable
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Existing (where applicable)	
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Proposed	
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Roof	
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Not applicable / Dont know	Not applicable
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Existing (where applicable)	
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Proposed	
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Windows	
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Not applicable / Dont know	Not applicable
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Existing (where applicable)	
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Proposed	
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Doors	
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Not applicable / Dont know	Not applicable
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Existing (where applicable)	
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Proposed	
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Boundary treatments (e.g. fences, walls)	
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Not applicable / Dont know	Not applicable
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Existing (where applicable)	
Proposed	
Vehicle access and hard-standing	
Not applicable / Dont know	Not applicable
Existing (where applicable)	
Proposed	
Lighting	
Not applicable / Dont know	Not applicable
Existing (where applicable)	
Proposed	
Others (please specify)	
Not applicable / Dont know	Not applicable
Existing (where applicable)	
Proposed	
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?	No
If Yes, please state references for the plan(s)/drawing(s)/design and access statement	
Ownership Certificates and Agricultural Land Declaration	
Please select an ownership certificate and agricultural land declaration statement that applies to you	Certificate A
CERTIFICATE OF OWNERSHIP - CERTIFICATE A	
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	
Signed Applicant	Peter Gudde
Or signed - Agent	
Date	21/09/2021
Declaration	

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed Applicant	Peter Gudde
Or signed - Agent	
Date	21/09/2021

Applicant Contact Details

Telephone number	
Extension number	
Mobile telephone number	
Fax number	
Email address	

Agent Contact Details

Telephone number	
Extension number	
Mobile telephone number	
Fax number	
Email address	

Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?	No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?	Applicant
Contact name	
Telephone number	
Email address	

Payment

Are you the applicant or are you an agent working on behalf of the applicant?	
Who will pay for this application?	

Email address (this is the address the payment receipt will be sent to)

Payment Total

Payment Receipt Number

Date & Time

