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Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning 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 their obligations in regards to the processing of your application. Please refer to their 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:



County Hall Beverley East Riding of Yorkshire HU17 9BA

Publication on Local 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 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	nt Name	and Addre	ss	
Title:	Mr	First name:	PAUL	
Last name:	MILN	ER		
Company (optional):				
Unit:		House number:	House suffix:	
House name:	enter la			
Address 1:	CHEVET GROVE			
Address 2:	SANDAL			
Address 3:				
Town:	WA	KEFIELD		
County:	WEST YORKSHIRE			
Country:	EN	GLAND		
Postcode:	WF	2 6JB		

2. Agent Nar	ne and Address	
Title:	First name:	
Last name:		
Company (optional):		
Unit:	House number:	House suffix:
House name:		
Address 1:		
Address 2:		
Address 3:		,
Town:		
County:	*	
Country:		
Postcode:		

3. Description of Proposed Works					
It is proposed to remove the existing Septic Tank_and_replace it with a new "Clenviro Matrix CLF1 Sewage Treatment Plant, which is certified to EN 12566-3 2005. The Septic Tank currently discharges into Little Kelk underground Culvert, which runs under the small front garden of No4 Westfield Cottages. The new Treatment Plant would be able to use that existing discharge point into Little Kelk underground Culvert.					
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?	No				
If Yes, please state when the work was completed (DD/MM/YY)	(date must be pre-application submission)				
4. Site Address Details Please provide the full postal address of the application site. Unit: House number: 4 House suffix: House name: Address 1: WESTFIELD COTTAGES Address 2: DUCKMUTTON LANE / MAIN STREE Address 3: KELK Town: DRIFFIELD County: EAST RIDING OF YORKSHIRE Country: ENGLAND	drawings and state the reference number(s) of the plan(s)/ drawing(s):				
Has assistance or prior advice been sought from the local authority about this application? If Yes, please complete the following information about the adyou 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:	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? 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? 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.				
Version 2018.1					

8. Parking Will the proposed work	s affect existing car parking arrangements?	Yes 🚺 No			
If Yes, please describe:					
means related, by birth conclude that there was	oyee / Member ple of decision-making that the process is open and or otherwise, closely enough that a fair minded and s bias on the part of the decision-maker in the local statements apply to you and/or agent?	d informed obs	erver, having considered the facts, v	would	o"
If Yes, please provide d	letails of their name, role and how you are related to	o them.	(c) related to a member of staff (d) related to an elected member		
10. Materials If applicable, please star	te what materials are to be used externally. Include	e type, colour a	nd name for each material:		
	Existing (where applicable)	Proposed		Not applicable	Don't Know
Walls				4	
Roof				7	
Windows				7	
Doors				7	
Boundary treatments (e.g. fences, walls)				7	

10. Materials							
If applicable, please state what materials are to be used externally. Include type, colour and name for each material:							
Vehicle access and hard-standing	80% SAND COLOURED GRAVEL	80% SAND COLOURED GRAVEL					
Lighting			\				
Others (please specify)	SEPTIC TANK LID CONCRETE COLOUR	TREATMENT PLANT LID CONCRETE COLOUR					
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? If Yes, please state references for the plan(s)/drawing(s)/design and access statement:							

11. Ownership Certificates and Agricultural Land Declaration One Certificate A, B, C, or D, must be completed with this application form **CERTIFICATE OF OWNERSHIP - CERTIFICATE A** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 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** NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. * "owne d interest with at least 7 years left to run. ence to the definition of "agricultural tenant" in section 65(8) of the Act. ** "agri Or signed - Agent: Date (DD/MM/YYYY): Signed 17/07/2021 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 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* and/or agricultural tenant** 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. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 **Date Notice Served** Name of Owner / Agricultural Tenant Address Or signed - Agent: Date (DD/MM/YYYY): Signed - Applicant:

11. Ownership Certificates and Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 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* and/or agricultural tenants** 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. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: Name of Owner / Agricultural Tenant **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 D** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 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* and/or agricultural tenant** of any part of the land to which this application relates, 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. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: 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):

12. Planning Application Requirements - Checklist				
Please read the following checklist to make sure you have sent all the information required will result in your application being deemed invited the Local Planning Authority (LPA) has been submitted.	information in sup alid. It will not be	pport of your considered v	r proposal. Failure to s valid until all informati	submit all ion required by
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 drawn to an identified scale and showing the direction of North: The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application: *National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pla	iginal plus three co or, the LPA indica post (for example, nning department	The or complex Certification a CD, DVI to discuss the	D or USB memory stici nese options.	dings): dings): locuments (a is required. k).
I/we hereby apply for planning permission/consent as described in the hest of my/our knowledge, any	facts stated are tr	ue and accur	ate and any opinions	given are the
signed Agents			Date (DD/MM/YYYY)	
signed - Agent:			17/07/2021	(date cannot be
			1/10/12021	pre-application)
14. Applicant Contact Details	15. Agent Co	ontact Det	ails	
Telephone numbers	Telephone num			
Extension				Extension
Country code: National number: number:	Country code:	National ne	umber:	number:
UK				
Country code: Mobile number (optional):	Country code:	Mobile nur	mber (optional):	
UK				
Country code: Fax number (optional):	Country code:	Fax number	er (optional):	
Email address (ontional):	Email address (ontional):		
	Eman address (орионал.		
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	✓ Appl	11 241 65	different from the plicant's details)
If Other has been selected, please provide:	Telephonensum	ban.		
Contact name:	Telephone num	Der:		
Email address:				