House name:  Address 1:  Address 2:  Address 3:  Town:  County:  Postcode (optional):  Description of	THE THE DUNS	address of the appear.  BUNC  COM  TON  COLK  RRE	House suffix:  AR LOW  MON	ff You ap Pie known Coff Re	s assistance thority about the state of the	or prior this and the second s	contact details a npiete as much a	information ithority to de re not as possible:	Yes [	] No advice
5. Description	on Of Your P	roposal	evelopment as sho							$\equiv$
to pr	ovide	first f	loor acc	Exti OMN (DD/MM)	ensio 1ada	n c tion	of Bun	galot	D	
1.	condition num	ber(s) to which t	his application rela	tes:						
2. \				7.						$\dashv$
3.				8.						-
4.				9.					•	$\dashv$
5.				10.	,					-
Has the develop	-			,	Yes		-			
			ed (DD/MM/YYYY):	l			(date must be submission)	pre-applicat	tion	
las the develop				,	Yes	<b>□</b> N				
		elopment was co	ompleted (DD/MM	/YYYY): [ 			(date must be submission)	pre-applicat	ion	
cat slic	you wish the co	sired i	removed or change Bi - Fo W Doo West- Elew please state how yo	316 10	orth Ele window	evat	ion htofobor-	to Sing	ne door	=
1000	isting condition	to be changed, (	please state how yo	u wish th	e condition	to be v	varied:	* Single	e windb	ю. 7
Dorma 1	WODNICA		sides of D	orma	<b>'</b> C.					
borma I	reathbo	ard on s	sides of D			bas	)			
borma I	reathbo	ard on s				bas	)		C ) -1 -	