



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

Council	Mid Suffolk District Council
Applicant Name and Address	
Title	Mrs
First name	Jen
Last name	Milner
Company	Box Tree Homes
Property name/number	162 The Street
Address line 1	162 The Street
Address line 2	Kirtling
Town/Village	Newmarket
County	Cambridgeshire
Country	United Kingdom
Postcode	CB8 9PD
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 horse riding arena measuring 22 x 42m with associated access and post and rail fencing.
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	Gedding Grange
Address line 1	Drinkstone Road
Address line 2	
Town/Village	Gedding
County	Suffolk
Postcode	IP300QE

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?	Yes
Officer name	Sian Bunbury
Pre-application reference	DC/21/04225
Date	23/08/2021
Details of pre-application advice received	The horse-riding arena has previously been approved and an amended position is sought. This is likely to be acceptable as it lies adjacent to an existing storage barn which could serve the menage. The site is well screened, and it is understood that flood lighting would not be required.

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
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If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings	
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Will any trees or hedges need to be removed or pruned in order to carry out your proposal?	No
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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)	
Proposed	
Boundary treatments (e.g. fences, walls)	
Not applicable / Dont know	Details to be provided below
Existing (where applicable)	
Proposed	Wooden post and rail fencing on all sides except that where the barn edge provides an edging.
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	Details to be provided below
Existing (where applicable)	
Proposed	An additional access will be included in the construction to allow small tractor/ quad vehicles to enter the arena for the purpose of maintenance for the surface.
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?	Yes
If Yes, please state references for the plan(s)/drawing(s)/design and access statement	Cross Sectional drawing of proposed arena Location plan including drainage routes and access. Photographs of current location Photograph of proposed surface Arena Location map

Ownership Certificates and Agricultural Land Declaration

Please select an ownership certificate and agricultural land declaration statement that applies to you	Certificate B
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CERTIFICATE OF OWNERSHIP - CERTIFICATE B

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 / Agricultural Tenant details

Name of Owner / Agricultural Tenant	Address	Date Notice Served
Mr Graham Paske	Gedding Grange, Drinkstone Road, Gedding, Suffolk, IP30 0QE	11/10/2021

Signed Applicant	Jen Milner
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Or signed - Agent	
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Date	13/10/2021
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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	JEN MILNER
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Or signed - Agent	
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Date	13/10/2021
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Applicant Contact Details

Telephone number	
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Extension number	
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Mobile telephone number	
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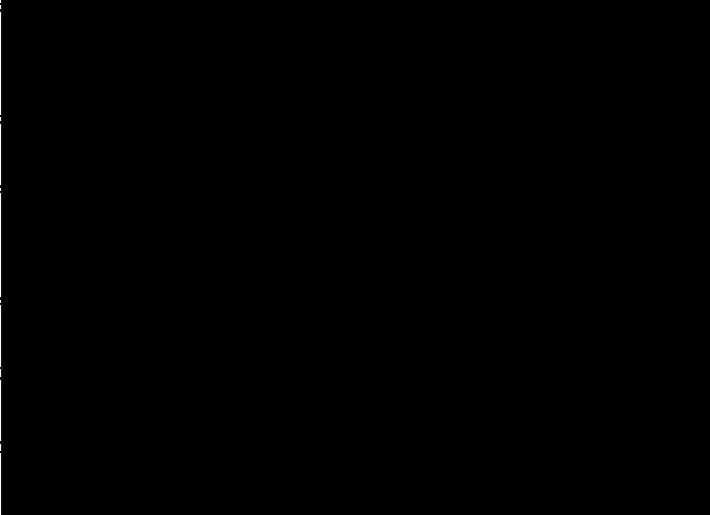
Fax number	
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Email address	
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Agent Contact Details

Telephone number	
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Extension number	
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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	