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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:

## **Durham County Council**

Regeneration and Economic Development
Planning Development
County Hall
Durham
DH1 5UL



#### **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.

Title:	MS/MR	First nar	ne CLAIR	PE / STEWART
Last name:	HUMBU	6 /LE	E	
Company (optional):		H-1215-01		
Unit:		House number:	30	House suffix:
House name:			-	D2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Address 1:	CLEYE	S AVE	NUE	
Address 2:				
Address 3:			-11-74-3	
Town:	FERRY	HILL	a   8.01	may of pare
County:	BURHA	n	- NE - 11 (	
Country:				
Postcode:	DLIT	8BN	1	

Title:	MR	First name	Pen	×
and the same	300	111111111111111111111111111111111111111		
Last name:	GASS	vination of	1075001	
Company (optional):	ilpa 1642	A PART OF THE PART		
Unit:		House number:	58	House suffix:
House name:				
Address 1:	THORN	TONS CL	OSE	
Address 2:		7/11/20/24/5		
Address 3:				-927 - 50 B
Town:	PELT	TON	= mniE3	
County:	DURHA	M		
Country:		Essential Control	-c-F	
Postcode:	bH2 1	DH		

3. Description of Proposed Works Please describe the proposed works:	Fige 11 Stead Contract (in 12 in 12
GARBEN ROOM EXTENSION SINGLE STOR	EY
	Householder Application for Flatining Permits Town and Country Flatining Permits Place Permits
Has the work already started?	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 exercise to the recognition of the research of the research
If Yes, please state when the work was completed (DD/MM/YYY	Y): (date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access proposed to or from the public highway? Yes No
Unit: House number: 30 House suffix:	Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes No  Do the proposals require any diversions,
Address 1: CLEVES AVENUE	extinguishments and/or creation of public rights of way?
Address 2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: FERRYHILL	es la section de la participa de la constante della constante de la constante de la constante de la constante
County: DURHAM	Jan Kishi Tan aktigas Ribid paka awaran wakin saring
Postcode (optional): bL17 88N	The state of the s
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local authority about this application?  If Yes, please complete the following information about the adv you were given. (This will help the authority to deal with this application more efficiently).  Please tick if the full contact details are not	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:
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:	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 as TLTP atsectate the reference number of the plan(s)/
Serais of the ble abbucation payice received.	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.

8. Parking Will the proposed work	s affect existing car parking arrangement	ts? Yes N			
If Yes, please describe:					
					e prije
means related, by birth	<b>oyee / Member</b> ple of decision-making that the process is or otherwise, closely enough that a fair n s bias on the part of the decision-maker in	ninded and informed obs	server, having considered the	tion, "related : facts, would	to"
Do any of the following	statements apply to you and/or agent?	☐ Yes 📝 No	With respect to the authorit (a) a member of staff (b) an elected member (c) related to a member of s (d) related to an elected me	taff	
					) est fi
10. Materials If applicable, please star	te what materials are to be used external	ly. Include type, colour a	nd name for each material:		
	Existing (where applicable)	Proposed		Not applicable	Don't Know
Walls	BRICKWORK	WENER BU	MIXTORE BY	П	
Roof	CONCRETE INTERLOCKING TILES	MARLEY SIMILAR A	MENDIP OR PAROVED		
Windows	UPVC DOUBLE GRAZED	UPVC	DOUBLE CHAZED		
Doors	UNIC DOUBLE GLAZED	OPYC	DOUBLE GLAZED		
Boundary treatments (e.g. fences, walls)	BRICK WALL	BRICK WI	ALL EXISTING		

<ol> <li>Materials</li> <li>If applicable, please s</li> </ol>	tate what materials are to be used externally. Inclu	de type, colour and name for each material:		sil A
Vehicle access and hard-standing			B	
Lighting		P A series and the series of the velocity of the series of		
Others (please specify)	to the second of	Straight to be buy by element in the service desired.	Latrica	
	ditional information on submitted plan(s)/drawing erences for the plan(s)/drawing(s)/design and acce	AND THE TAXABLE PROPERTY OF THE PROPERTY OF TH		No

## 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 Leartify/The applicant certifies that on the day 21 days before the date of this application nobody except any self/ 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.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY);
		14/10/2021
i certify/ The applicant certifies that I ha 21 days before the date of this applicati application relates. ""owner" is a person with a freehold intere	<b>CERTIFICATE OF OWNERSHIP velopment Management Procedure) (England) Order 20 ve/the applicant has given the requisite notice to everyone on, was the owner* and/or agricultural tenant** of any parts or leasehold interest with at least 7 years left to run. Iven in section 65(8) of the Town and Country Planning Act 19</b>	e else (as listed below) who, on the day art of the land or building to which this
Name of Owner / Agricultural Tenant	Address	Date Notice Served
recition and part full file and a solid probability of the solid and the		king Armid and tradeorings continue drown book with souther requests as protess.
THE SEMENTIALIST	Attable - residents	
HE SANGER WHEN WASHINGTON	n ar kalateria i specameno do ativacimeno mano Canago II tendoro di mambiganaja mampalina	(I) galprose) from 8 big = 1600 i
Signed - Applicant:	Or signed - Agent: Evaluations and an agent and agent and agent ag	off care product by a care to stage

12. Planning	g Application Require	ments - Checklist				
information req	following checklist to make uired will result in your appl ng Authority (LPA) has beer	lication being deemed inv				
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 design and access s proposed works fall	statement if I within a	154	The correct fee: The original and 3 copies*	of the
		conservation area of World Heritage Site Listed Building:			completed, dated Owners Certificate (A, B, C or D – a applicable) and Article 14 Certificate (Agricultural H	ship is
and drawings or	I 3 copies* of other plans rinformation necessary to pject of the application:			**************************************		
LPAs may also a	ation specifies that the applies), unless the application i ccept supporting document our LPA's website for inform	ts in electronic format by	post (for example	on a Cl	D, DVD or USB memory st	g documents (a les is required, ick).
information. I/w	<b>ion</b> By for planning permission/ The confirm that, to the best of The person(s) giving th	of my/our knowledge, any				
Signed - Applic	ant:	Or signed - Agent:		*******	Date (DD/MM/YYY 14/10/2021	Y): (date cannot be pre-application)
14. Applicar	nt Contact Details		15. Agent C	ontact	: Details	
Telephone num	bers		Telephone nur	nbers		
Country code:	National number:	Extension number:	Country code:	Natio	nal number:	Extension number:
Country code:	Mobile number (optional)		Country code:	Mobi	e number (optional):	
Country code:	Fax number (optional):		Country code:	Fax n	umber (optional):	
Email address (	optional):		Email address	(optiona	ŧ);	
16. Site Visit						
	seen from a public road, put		other public land	d7 [	Yes No	
if the planning a out a site visit, w	outhority needs to make an a whom should they contact?	appointment to carry (Please select only one)	Agent			f different from the applicant's details)
	n selected, please provide:		Talaahana ayın	abov		
Contact name:	Pew Original Control		Telephone nun	HD/\$15		
Email address:		i	L			