

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

## Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

**ivacy Notice** 

is form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting formation to the Local Planning Authority in accordance with the legislation detailed on this form and The Town and Country Planning evelopment Management Procedure) (England) Order 2015 (as amended).

ease 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 beequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in reement with the declaration section.

on receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its aligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and mmercial requirements relating to information security and data protection of the information you have provided.

## ocal Planning Authority details:

## **Durham County Council**

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



ublication of applications on planning authority websites formation provided on this form and in supporting documents may be published on the authority's planning register and ebsite.

ease ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require by further clarification, please contact the Local Planning Authority directly.

printed, please complete using block capitals and black ink.

is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your oplication.

. Applic	ant Name and Address	2. Agent Name and Address	
Γitle:	MRS First name: MAXINE	Title: First na	ame:
_ast name:	CUTMORE	Last name:	
Company (optional):		Company (optional):	
Unit:	House 73 House suffix:	Unit: House number	: House suffix:
House name:	<b>美</b>	House name:	
Address 1:	BROOKSIDE	Address 1:	
Address 2:	WITTON GILBERT	Address 2:	
Address 3:		Address 3:	
Town:	DURHAM	Town:	
County:	DURHAM	County:	
Country:	UNITED KINGDOM	Country:	
Postcode:	DH7 GRX	Postcode:	

3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local				
Unit: House number: 73 House suffix:	authority about this application?				
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: BROOKSIDE	application more efficiently). Please tick if the full contact details are not				
Address 2: WITTON GILBERT	known, and then complete as much as possible:				
Address 3:	Officer name:				
TOWN: DURHAM	LISA MORINA Reference:				
County: DURHAM	Dm/20/02/06/FPA				
Postcode (optional): DH7 6RX	Date (DD/MM/YYYY):				
Description of location or a grid reference.	(must be pre-application submission)				
(must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:	DOUBLE DRIVE TO BE PLANNED				
Description:	FOR THE PROPERTY PRIOR TO				
SEMI DETACHED	EXTENSION PLANS BEING APPROVED.				
5. Description Of Your Proposal Please provide a description of the approved development as shown	on the decision letter, including the application reference number				
and date of decision in the sections below:					
EXTENSION ABOVE EXISTING GA	EAGE AND SINGLE STORE!				
EXTENSION TO REAR.					
	/Data must be are application				
Reference number: DM 120/02106 FPA Date of decision:	31/7/2020 (Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relate	S:				
1.	6.				
2.	7.				
3.	8.				
4.	9.				
5.	10.				
Has the development already started?	Yes No				
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)				
Has the development been completed?	Yes No				
If Yes, please state when the development was completed (DD/MM/	YYYY): (date must be pre-application submission)				
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details th	nat are being submitted for approval:				
DRIVEWAY PLANS					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition?	□ Vas □⁄sla				
Are you seeking to discharge only part of a condition?  If Yes, please indicate which part of the condition your application re	☐ Yes ☐ No				

Planning Application Requirements - Checklist lease read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.					
he original and 3 copies* of a ompleted and dated application form:	The o	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:			
he correct fee:					
National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a stal of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. PAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). ou can check your LPA's website for information or contact their planning department to discuss these options.					
Declaration  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 enuine opinions of the person(s) giving them.					
3ig	_	Or signed - Agent:			
Date (DD/MM/VVVV):					
23/11/2021 (date cannot be pre-application)					
0. Applicant Contact Details		11. Agent Contact Details			
Telephone numbers		Telephone numbers			
Country code: Fax number (optional):	Extension number:	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Extension number:  Country code: Mobile number (optional):  Email address (optional):			
12. Site Visit					
Can the site be seen from a public road, public footpath, bridleway or other public land?					
f the planning authority needs to make an appoint out a site visit, whom should they contact? (Please	tment to carry select only one)	Applicant Other (if different from the agent/applicant's details)			
f Other has been selected, please provide:		Telephone number:			
Contact name:		TOTOPHONO HAMBON			
Email address:					