	Address Details	nnlication site	Has assistanc	lication Advice e or prior advice been sought fro	om the local
	ovide the full postal address of the a	House	authority abo	ut this application?	Yes No
Unit: House	number:	suffix:	If Yes, please	complete the following informa en. (This will help the authority t	ition about the advice
name:	DAIRY BARN	Cagn	I application r	nore efficiently).	
Address 1	THE BIT	ARIV	Please tick if known, and	the full contact details are not hen complete as much as possi	ble:
Address 2	1,001,		Officer nam		-
Address 3					
Town:	BRISTO		Reference:		
County:	N SOMER	SET		Date (DD/MM/YYYY):	
Postcode (optional):	BSYOSTS		(must be pr	e-application submission)	
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