

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

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 its obligations in regards to the processing of your application. Please refer to its 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:



Built Environment Cheltenham Borough Council Municipal offices, Promenade, Cheltenham, GL50 9SA

builtenvironment@cheltenham.gov.uk

phone: 01242 264328 fax: 01242 227323

Publication of applications on planning authority websites
Information provided on this form and in supporting documents may be published on the authority's planning register and

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 Local Planning 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.

1. Applicant Name and Address			
Title:	Mas First name: G	Title:	
Last name:	GUTTRLIDGE	Last na	
Company (optional):		Compa (option	
Unit:	House number: 99 House suffix:	Unit:	
House name:		House name:	
Address 1:	PAINSWILL ROAD	Address	
Address 2:	CHELTENHAM	Address	
Address 3:		Address	
Town:		Town:	
County:		County	
Country:		Country	
Postcode:	GL50 ZSJ	Postcoo	

2. Agent Name and Address			
Title:	Me_ First name: 5		
Last name:	2400012		
Company (optional):	eder design workstop		
Unit:	7 House House suffix:		
House name:			
Address 1:	ROVEL WELL MACE		
Address 2:			
Address 3:			
Town:	CHELTENHAM		
County:	,		
Country:			
Postcode:	GL50 31N		

Version 2018

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 q q House suffix:	authority about this application? Yes No				
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: PAINSWILL ROOD	application more efficiently). Please tick if the full contact details are not				
Address 2:	known, and then complete as much as possible:				
Address 3:	Officer name:				
Town: CHEITENHAM	Reference:				
County:					
Postcode (optional): GLSO 253	Date (DD/MM/YYYY): (must be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:					
Description:					
	p.				
5. Description Of Your Proposal					
Please provide a description of the approved development as shown and date of decision in the sections below:					
TWO AND SITCLE STOREY SIDE &	AND REAL EXTENSIONS, CONVERSION 10 AND ASSOCIATED INTERNAL				
AND LANDSCAPING WOLLLS,	10 AND ASSOCIATED INTERNAL				
	22/02/22 (Date must be pre-application				
	submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relate 1.	s: 6.				
	1.00				
2.	7.				
3. FACISE + ROOPING MATERIALS	8.				
4.	9.				
5. 5.1 WINDOWS AND DOORS.	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 the	nat are being submitted for approval:				
PLEASE SEE AZCOMPANYIJO COURT ILLMSTRATINZ MOTERIALS/ITEM	TO BE DISCHARGED				
in or history.					
7. Part Discharge Of Condition(s)	/				
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to: Yes Ves					
,					

8. Planning Application Requirements - Checklist Please 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.						
The original and 3 copies* of a Completed and dated application form:	original and 3 copies* of other plans and drawings nformation necessary to describe the subject of the application:					
The correct fee:	*					
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.						
9. Declaration						
l/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:	Or signed - Agent:					
Date (DD/MM/YYYY):						
$\frac{65}{5} \frac{267}{267} $ (date cannot be pre-application)						
10. Applicant Contact Details	11. Agent Contact Details					
Telephone numbers	Telephone numbers					
Country code: National number: Extension number:	Country code: National number: Extension number:					
	01242 528111					
Country code: Mobile number (optional):						
Country code: Mobile number (optional):	01242 528111					
Country code: Mobile number (optional): Country code: Fax number (optional):	01242 528111					
	Country code: Mobile number (optional):					
Country code: Fax number (optional):	Country code: Mobile number (optional): Country code: Fax number (optional):					
	Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):					
Country code: Fax number (optional):	Country code: Mobile number (optional): Country code: Fax number (optional):					
Country code: Fax number (optional):	Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):					
Country code: Fax number (optional): Email address (optional): 12. Site Visit Can the site be seen from a public road, public footpath, bridleway of	Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): 5680 edge design work shop. Com					
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Email address: