



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

Privacy Notice

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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:



Babergh District Council Endeavour House, 8 Russell Road, Ipswich, IP1 2BX

Tel: 0300 1234000 option 5

Making the area a better place to live and work for everyone

Email: planning@baberghmidsuffolk.gov.uk

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 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:	MR First name: M			
Last name:	FIRTH			
Company (optional):	GRANVILLE DEVELOPMENTS			
Unit:	House number: House suffix:			
House name:	GRANVILLE HOUSE			
Address 1:	THRESHELFORDS BUSINESS PARK			
Address 2:	INWORTH ROAD			
Address 3:	FEERING			
Town:	COLCHESTER			
County:	ESSEX			
Country:				
Postcode:	CO5 9SE			

2. Agent Name and Address					
Title:	First name:				
Last name:					
Company (optional):					
Unit:	House number: House suffix:				
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					
	Version 2018				

3. Site Address Details Please provide the full postal address of the application site. Unit: House number: House suffix: House name: Address 1: Address 2: Address 3: Town: County: Postcode (optional): Description of location or a grid reference. (must be completed if postcode is not known): Easting: 590086 Northing: 244754 Description: LAND EAST OF CLAY HALL LANE ACTON	4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? Yes X No If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible: Officer name: Reference: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?				
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: APPLICATION UNDER SECTION 73 OF THE TOWN AND COUNTRY PLANNING ACT RELATING TO DC/21/06303 FOR THE VARIATION OF CONDITION 2 (APPROVED PLANS AND DOCUMENTS) TO AMEND PLOTS 2 AND 4					
Reference number: 22/03291 Date of decision:	23/08/2022 (Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relates					
CONDITION 7 BIODIVERSITY ENHANCEMENT STRATEGY	6.				
2. CONDITION 11 DETAILS OF REFUSE BIN STORAGE AND PRESENTATION	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/	YYYYY): (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:				
BIODIVERSITY ENHANCEMENT STRATEGY BIN STORE PRESENTATION DETAILS					
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:					
in 100, product minor part of the condition your application relates to.					

	ke sure you have sent all the oplication being deemed in	e information in support of your proposal. Failure to submit a valid. It will not be considered valid until all information requ	
The original and 3 copies* of a completed and dated application form:	X The or in	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application	on: X
he correct fee:	X		
otal of four copies), unless the applicatio PAs may also accept supporting docume	n is submitted electronicallents in electronic format by	riginal plus three copies of the form and supporting documer ly or, the LPA indicate that a smaller number of copies is requ post (for example, on a CD, DVD or USB memory stick). anning department to discuss these options.	
9. Declaration /we hereby apply for planning permissio nformation. I/we confirm that, to the bes genuine opinions of the person(s) giving	n/consent as described in t t of my/our knowledge, any them.	his form and the accompanying plans/drawings and addition y facts stated are true and accurate and any opinions given ar	nal re the
Signed - Applicant:		Or signed - Agent:	
M. FIRTH			
Date (DD/MM/YYYY):			
31/08/2022 (date can	not be pre-application)		
10. Applicant Contact Details		11. Agent Contact Details	
Telephone numbers		Telephone numbers	
Country code: O044. Country code: Mobile number (option	Extension number: al):	Country code: National number: n Country code: Mobile number (optional):	extension number:
Country code: Fax number (optional):		Country code: Fax number (optional):	
 Email address (optional):		Email address (optional):	
SOPHIE@GRANVILLE.CO.UK			
12. Site Visit		,	
Can the site be seen from a public road, p f the planning authority needs to make a but a site visit, whom should they contact f Other has been selected, please provide	n appointment to carry t? (Please select only one)	or other public land?	
Contact name:		Telephone number:	

Email address: