House suffix:



pplication for listed building consent for alterations, extension or demolition of a listed building. lanning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

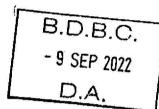
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Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of obligations in regards to the processing of your application. Please refer to its website for further information on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

Local Planning Authority details:





Basingstoke and Deane Borough Council
Civic Offices, London Road,
Basingstoke, Hampshire RG21 4AH
www.basingstoke.gov.uk | 01256 844844
eustomer.service@basingstoke.gov.uk

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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 an 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:	First name:	2. Agent Name and
	Prof David	Address
Last name: wright	Wright	Last name:
Company (optional):	House number House suffix:	Company House number
Unit:		
House	The Thatches	House name:
Address 2:	Farleigh Road	Address
ì	Cliddesden	2:
Address	· ·	Address
3: Town:	Basingstoke	3: Town:
County:	Hampshire	County:
Country:	UK	Country:

3. Description of Proposed Work

Please describe the proposals to alter, extend or demolish the listed building(s):

This is an urgent request to reposition a gas boiler flue. The existing boiler is unusable and must be replaced to allow central heating to work.

To comply with safety regulations the exit flue must be moved a distance of some 50mm away from the kitchen window. According to British Gas the existing flue does not comply.

I am attaching some photographs. The flue is on the front wall of the house facing farleigh Road.

UK Has the work already started without consent?

X NO

If Yes, please state when the work was started (DD/MM/YYYY):

Has the work been completed without consent?

If Yes, please state the date when the work was completed (DD/MM/YYYY):

(date must be pre-application submission)

Yes



(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application

site. Unit:

House name:

The Thatches

Farleigh Road

Cliddesden

Address

Basingstoke

Town:

RG25 2JL

County:

Hampshire UK

5. Related Proposals		6. Pre-app	lication Advice
Are there any current applications, previous proposals or demolitions for the site? Yes	TEXA:	Has assistance	e or prior advice been sought from the local
If Yes please describe and include the planning appl	تعق	authority abo	ut this application?
reference number(s), if known:	icadon	If Yes, please	complete the following information about the
]	you were give	en. (This will help the authority to deal with this ore efficiently).
Description	Reference number	Please tick if t	he full contact details are not
	number	known, and th	nen complete as much as possible:
Man 1 LII		-	
None related to		Officer name:	
the Event of the	1 1000 100	Reference:	
, ,			
the front of the		W Y	Date (DD/MM/YYYY):
voorse.		(must be pre-a	application submission)
		1	application advice received?
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	<u></u>	Chilomor	M Sem 30 3 20
7. Neighbour and Community Consultation	n		
lave you consulted your neighbours or the local comm	nunity about th	ie proposal?	Yes No
If Yes, please provide details:	,	е ророза.	LI W
y presse provide details.		120	
. Authority Employee / Member			
is an important principle of decision-making that the	process is open	and transparen	t For the number of this question for the
and the second of the second s	AL A IAIE-MINAAC	A DOMINATION OF A	Shroman hadina the tax a
and a diese was bias on the part of the decision	1-maker in the id	ocal planning au	thority.
o any of the following statements apply to you and/or	ragent? Ye	s No	With respect to the authority, I am:
		9	(a) a member of staff
4			(b) an elected member
			(c) related to a member of staff
Yes please provide details -fab.			(d) related to an elected member
Yes, please provide details of their name, role and ho	w you are relate	ed to them.	
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Version 2018.1

,	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls	·.	as existmin		
Roof covering		•	Ø	
Chimney			×	
Windows			X	
External doors			₩	
Ceilings		×	×	
internal walls			×	
Floors	8		Ø	
Internal doors			Ď	
Rainwater goods			ď	
Boundary treatments (e.g. fences, walls)			X	
Vehicle access and hard standing			×	
Lighting			×	
Others add description)			X	
Yes, please state plan(s	ional information on submitted draw s)/drawing(s) references:	ings or plans? Yes No		

10. Demolition	11. Listed Building Alterations
Does the proposal include the partial or total demolition of a listed building? Yes No	Do the proposed works include alterations to a listed building? Yes No
If Yes, which of the following does the proposal involve?	If Yes, do the proposed works include:
a) Total demolition of the listed building: Yes No	(you must answer each of the questions)
b) Demolition of a building within the curtilage of the listed building: Yes No	a) Works to the interior of the building?
c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building? Yes No
If the answer to c) is Yes:	c) Works to any structure or object fixed
i) What is the total volume of the listed building?(cubic metres)	to the property (or buildings within its curtilage) internally or externally? Yes No
ii) What is the volume of the part to be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes No
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission) Please provide a brief description of the building or part of the building you are proposing to demolish:	If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	se attacket.
12. Listed Building Grading	13. Immunity From Listing
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only	Has a Certificate of Immunity from Listing been sought in respect of
one box must be ticked)	this building? Yes No Don't know
Grade Ecclesiastical Grade	
	if Yes, please provide the result of the application:
Grade II* Ecclesiastical Grade II*	
Grade I Ecclesiastical Grade I	
Don't know	

and an overcome assessment was a last of the con-

14. Ownership Certificates One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* of any part of the land or building to which the application relates. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Or signed - Agent: Date DD/MM/YYYY): **CERTIFICATE OF OWNERSHIP - CERTIFICATE B** Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* of any part of the land or building to which this application relates * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Name of Owner **Date Notice Served** DKWRIGHT THE THATCHES FARLEIGH NOAD Signed - Applicant Or signed - Agent: Date DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE C Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. The steps taken were: Name of Owner Address **Date Notice Served** Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Signed - Applicant: Or signed - Agent: Date DD/MM/YYYY):

14. Ownership Certificates (continued)	
CERTIFICATE OF O Regulation 6 of the Planning (Listed Buil I certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the page	WNERSHIP - CERTIFICATE D Idings and Conservation Areas) Regulations 1990 nes and addresses of everyone else who, on the day 21 days before the se land to which this application relates, but I have/ the applicant has been that least 7 years left to run.
Notice of the application has been published in the following new (circulating in the area where the land is situated):	wspaper On the following date (which must not be earlier than 21 days before the date of the application):
Signed - Applicant: Or sign	red - Agent: Date DD/MM/YYYY):
15. Planning Application Requirements - Checklist	
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 and drawn to an identified scale and showing the direction of North:	invalid. It will not be considered valid until all information required by The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application: The original and 3 copies* of the completed dated Ownership Certificate (A, B, C, or D - as applicable): The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details): original plus three copies of the form and supporting documents (a ally or, the LPA indicate that a smaller number of copies is required. by post (for example, on a CD, DVD or USB memory stick). colanning department to discuss these options.
/we hereby apply for planning permission/spacest decided to	t: Date (DD/MM/YYYY):
	8 9 2022 (date cannot be pre-application)
7. Applicant Contact Details	18. Agent Contact Details
Extension number: Country code: Fax number (optional): mail address (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):

		20 20 20	
19. Site Visit Can the site be seen from a public road, public footpath, bridleway	or other public land?	Yes	No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent	Applicant	Other (if different from the agent/applicant's details)
If Other has been selected, please provide:			
Contact name:	Telephone numbe	er:	