Householder Application for Planning Permission for works or extension to a dwelling.

Town and Country Planning Act 1990

SHEQUE RECEIVED

3 NOV 2022

POST ROOM

Please complete using block capitals and black ink.

itle:	MISS First name:	Title: First name:
act name		
ase marrie.	CHAPMAN	Last name:
ompany optional):		Company (optional): TAMERUM (ONSERVATIONES)
nit:	House number: 2 House suffix:	Unit: House House number: suffix:
ouse ame:		House name: TAVARIMM CAWLEY CHRONE
ddress 1:	HOLT ROAD	Address 1: FIR COVERT ROM
ddress 2:	different	Address 2: Thunuy
ddress 3:		Address 3:
own:	MOLTON CONSTAULE	Town: NORMON
ounty:		County:
ountry:		Country:
ostcode:	NRZ4 ZHP	Postcode: NRS GHT
ease descri	ibe the proposed works: CONSERVITORY EXTENSION TO	Norn

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission
Has the work already been completed?	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access
Unit: House Number: 2 House Suffix:	proposed to or from the public highway? Yes No
House name:	Is a new or altered pedestrian access proposed to or from the public highway? Yes No
	Do the proposals require any diversions,
Address 1: HUT ROKO	extinguishments and/or creation of public rights of way? Yes No
Address 2: BAISTON	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: MERIN CAISTABLE	
County:	
Postcode (optional): NR2+ 2HP	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local authority about this application?	Are there any trees or hedges on your own property or on adjoining properties which
	are within falling distance of your proposed
If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	development? Yes No
application more efficiently).	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not	plant and state the reference number of any plans or drawings:
known, and then complete as much possible: Officer name:	
Orncer name:	
Reference:	
	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY):	order to carry out your proposal?
(must be pre-application submission)	If Yes, please show on your plans which trees by giving them
Details of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/
	drawing(s) and indicate the scale.
19-3	

8. Parking Will the proposed works affect existing car parking arrangements?			
	□ Vos		N-
If Yes, please describe:	Yes		No
	The state of the s		
Authority Employee / Member			
	سجيوسات حجال المراجع		
t is an important principle of decision-making that the process is ope	n and transparent. For the purposes of this qu	restion, "relat	ted to"
neans related, by birth or otherwise, closely enough that a fair-mind	ed and informed observer, having considered		
neans related, by birth or otherwise, closely enough that a fair-mind conclude that there was bias on the part of the decision-maker in the	ed and informed observer, having considered		
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10. Materials If applicable, please state what materials are to be used externally. Include type, colour and name for each material: Existing Don't Proposed (where applicable) Know ROD RIPLICH REA SHOW TO METCH Walls ACTIVE SCASUADE ALVE RED CONCAGE THE Roof GUMS IN WHITE FRATE WINTE WHITE AUC.U PUL-U Windows WHITE PULO MITTE PULL Doors **Boundary treatments** (e.g. fences, walls) Vehicle access and hard-standing Lighting Others (please specify) No Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

11. Ownership Certificates and Agricultural Land Declaration One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A 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, and that none of the land to which the application relates is, or is part of, an agricultural holding** NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural holding" has the meaning given by reference to the definition of "naticultural tenant" in section 65(8) of the Act. Signed - Applicant: Date (DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE B 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* and/or agricultural tenant** of any part of the land or building to which this 'owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 Name of Owner / Agricultural Tenant Address Date Notice Served Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

11. Ownership Certificates and Agricu	ultural Land Declaration (c		
certify/ The applicant certifies that: Neither Certificate A or B can be issued for All reasonable steps have been taken to the land or building, or of a part of it, but "owner" is a person with a freehold interest or lead "agricultural tenant" has the meaning given in	or this application find out the names and addresses of the state of the second state of the second is second interest with at least 7 years	of the other owners* and/or agr unable to do so. : left to run.	icultural tenants** of
The steps taken were:			
Name of Owner / Agricultural Tenant	Address		Date Notice Served
	2017		
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY)
certify/ The applicant certifies that: Certificate A cannot be issued for this ap All reasonable steps have been taken to f date of this application, was the owner* a have/ the applicant has been unable to c "owner" is a person with a freehold interest or leas * "agricultural tenant" has the meaning given in s The steps taken were:	find out the names and addresses and/or agricultural tenant** of an do so. See the first of the second of the sec	of everyone else who, on the da y part of the land to which this a left to run.	y 21 days before the oplication relates, but I
		On the following date (which than 21 days before the date	
circulating in the area where the land is situated	1):		
Notice of the application has been published in the circulating in the area where the land is situated bigned - Applicant:			

ease read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all formation required will result in your application being deemed invalid. It will not be considered valid until all information required by let Local Planning Authority has been submitted. The original and 3 copies of a plan which more proposed works fall within a considered valid until all information required by let local Planning Authority has been submitted. The original and 3 copies of a plan which entities the land to which the application lates drawn to an identified scale and showing the direction of North: per original and 3 copies of other plans in drawings or information necessary to escribe the subject of the application: 3. Declaration We hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional formation. 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. Grained - Agost: Applicant Contact Details elephone numbers A. Applicant Contact Details Extension number: Mobile number (optional): Extension number: Country code: Mobile number (optional): Extension number: Country code: Mobile number (optional):	12. Planning Application Requirements - Checklist	
design and access statement if proposed works fall within a conservation area or world heritage Site, or relate to a listed Building: The original and 3 copies of the application lates drawn to an identified scale and showing the direction of North: ne original and 3 copies of other plans and drawings or information necessary to escribe the subject of the application: Describe the subject of the application of the person(s) giving them. Describe the subject of the application of the person(s) giving them. Describe the subject of the application of the person(s) giving them. Describe the subject of the application of the person(s) giving them. Describe the subject of the application of the person(s) giving them. Describe the subject of the application of the completed, dated Ownership of Certificate (Agricultural Holdings): Describe the subject of the application of the completed, dated Ownership of Certificate (Agricultural Holdings): Describe the subject of the application of the completed, dated Ownership of Certificate (Agricultural Holdings): Describe the subject of the application of the completed, dated Ownership of Certificate (Agricultural Holdings): Describe the subject of the application of the completed, dated Ownership of Certificate (Agricultural Holdings): Describe the subject of the application of the completed, dated Ownership of Certificate (Agricultural Holdings): Describe the subject of the application of the completed of the completed of the c	Please read the following checklist to make sure you have sent all t	he information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by
we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional formation. 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. Igned - Applicant: Or signed - Agent: Date (DD/MM/YYYY): (date cannot be pre-application pre-application numbers Extension number: Country code: Mobile number (optional): Date (DD/MM/YYYY): Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional):	completed and dated application form: The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: The original and 3 copies of other plans and drawings or information necessary to	The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 12
A. Applicant Contact Details elephone numbers Country code: Mobile number (optional): Mobile number (optional): Country code: Mobile number (optional): Mobile number (optional): Mobile number (optional): Country code: Mobile number (optional): Country code: Mobile number (optional): Mobile number (optional): Country code: Mobile number (optional): Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Country code: Country code: Country code: Fax number (optional): Country code: Fax number (optional):	13. Declaration	
A. Applicant Contact Details elephone numbers country code: Mational number (optional): Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Country code: Fax number (optional):	I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	this form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Telephone numbers Country code: Mobile number (optional): Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Country code: Country code: Country code: Country code: Fax number (optional): Country code: Fax number (optional):		
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Tiali address (optional):	Email address (optional):	Email address (optional):
6. Site Visit	16. Site Visit	
an the site be seen from a public road, public footpath, bridleway or other public land? Yes		other public land? Yes No
ut a site visit, whom should they contact? (Please select only one) Agent Applicant Other (if different from the agent/applicant's details)	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)
Other has been selected, please provide:	If Other has been selected, please provide: Contact name:	
ontact name: Telephone number:	Contact Haine.	reiepnone number:
mail address:	Email address:	