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## 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:**

Planning Services
Shropshire Council, PO Box 4826
Shrewsbury, SY1 9LJ
Tel: 0345 678 9004
Email: customer.services@shropshire.gov.uk
www.shropshire.gov.uk/planning



## 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.

| application        |             |               |         |                     |                |               |
|--------------------|-------------|---------------|---------|---------------------|----------------|---------------|
| 1. App             | licant Na   | ame and Addro | ess     | <br>2. Agent Nar    | me and Address |               |
| Title:             | Mr          | First name:   | Vaughan | Title:              | First name:    |               |
| Last nam           | ne: Marbrow |               |         | Last name:          |                |               |
| Compan<br>(optiona | y<br>I):    |               |         | Company (optional): |                |               |
|                    |             |               |         |                     | House number:  | House suffix: |
|                    |             |               |         |                     |                |               |
|                    |             |               |         | ss 1:               |                |               |
|                    |             |               |         | ss 2:               |                |               |
|                    |             |               |         | ss 3:               |                |               |
|                    |             |               |         |                     |                |               |
|                    |             |               |         | y:                  |                |               |
|                    |             |               |         | ry:                 |                |               |
|                    |             |               |         | de:                 |                |               |
|                    |             |               |         |                     | 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 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:  | 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: Clun, Craven Arms   | Reference:   |  |  |  |  |  |  |  |  |  |
| County: Shropshire  |  |  |  |  |  |  |  |  |  |  |
| Postcode (optional): SY7 8LR  | 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:  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |
| 5. Description Of Your Proposal Please provide a description of the approved development as show and date of decision in the sections below:  | n on the decision letter, including the application reference number   |  |  |  |  |  |  |  |  |  |
| Conversion of three agricultural  |  |  |  |  |  |  |  |  |  |  |
| buildings into dwelling attached to existing farmhouse plus two holiday   |  |  |  |  |  |  |  |  |  |  |
| lets.   |  |  |  |  |  |  |  |  |  |  |
| Reference number: 21/00112/FUL Date of decision:  Please state the condition number(s) to which this application relate   | (Date must be pre-application submission) (DD/MM/YYYY)   |  |  |  |  |  |  |  |  |  |
| 1. Condition No 3 from the Decision Notice, (European Protected Species Mitigation Licence).  | 6.   |  |  |  |  |  |  |  |  |  |
| Condition No 4 from the Decision Notice, (No new replacement external materials or finishes).   | 7.   |  |  |  |  |  |  |  |  |  |
| 3. Condition No 6 from the Decision Notice, (No new replacement external windows or doors).   | 8.   |  |  |  |  |  |  |  |  |  |
| 4. Condition No 7 from the Decision Notice, (All roof lights should be of the 'Conservation' type).   | 9.   |  |  |  |  |  |  |  |  |  |
| 5. Condition No 13 from the decision Notice, (No new or replacement external lighting).   | 10.  |  |  |  |  |  |  |  |  |  |
| Has the development already started?  | ✓ Yes No   |  |  |  |  |  |  |  |  |  |
| If Yes, please state when the development started (DD/MM/YYYY):   | (date must be pre-application  |  |  |  |  |  |  |  |  |  |
| Has the development been completed?   | 04/01/22 submission)  ☐ Yes  |  |  |  |  |  |  |  |  |  |
| If Yes, please state when the development was completed (DD/MM/   | (date must be pre-application  |  |  |  |  |  |  |  |  |  |
| ,,  | submission)  |  |  |  |  |  |  |  |  |  |
| 6. Discharge Of Condition   |  |  |  |  |  |  |  |  |  |  |
| Please provide a full description and/or list of the materials/details t - Condition No 3: Dr RM Jones MCIEEM, STAR ECOLOGY, holds the requisite licence  |  |  |  |  |  |  |  |  |  |  |
| - Condition No 4: Softwood treated feather board see attached Annex A.  |  |  |  |  |  |  |  |  |  |  |
| - Condition No 6: Idigbo hardwood windows and external doors finished with TREATEX Dun wood oil, see attached Annex B for form and style Condition No 7: VELUX Conservation Centre Pivot Roof Window, see attached Annex C Condition No 13: See attached Annex D. |  |  |  |  |  |  |  |  |  |  |
| 7. Part Discharge Of Condition(s)   |  |  |  |  |  |  |  |  |  |  |
| Are you seeking to discharge only part of a condition?  | ☐ Yes 🗾 No   |  |  |  |  |  |  |  |  |  |
| If Yes, please indicate which part of the condition your application re   | <del></del>  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |

| 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 in  | valid. It will not be considered valid until all information re  | equired 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<br>of ormation necessary to describe the subject of the application   | ation: 🔽          |  |  |  |  |  |  |  |
| The correct fee:  |  |                   |  |  |  |  |  |  |  |
| *National legislation specifies that the applicant must provide the or  |  |                   |  |  |  |  |  |  |  |
| total of four copies), unless the application is submitted electronically   |  | equired.          |  |  |  |  |  |  |  |
| LPAs may also accept supporting documents in electronic format by produced check your LPA's website for information or contact their plants.  |  |                   |  |  |  |  |  |  |  |
| Tod can check your El A's website for information of contact their pr   | arrining department to discuss these options.  |                   |  |  |  |  |  |  |  |
| 9. Declaration  |  |                   |  |  |  |  |  |  |  |
| I/we hereby apply for planning permission/consent as described in t   | his form and the accompanying plans/drawings and addit   | ional             |  |  |  |  |  |  |  |
| information. I/we confirm that, to the best of my/our knowledge, any  | facts stated are true and accurate and any opinions giver  | are the           |  |  |  |  |  |  |  |
|   | Or signed Agent:   |                   |  |  |  |  |  |  |  |
|   | Or signed - Agent:   |                   |  |  |  |  |  |  |  |
|   |  |                   |  |  |  |  |  |  |  |
| Date (DD/MM/YYYY):  |  |                   |  |  |  |  |  |  |  |
| (data cannot be pre application)  |  |                   |  |  |  |  |  |  |  |
| (date cannot be pre-application)  |  |                   |  |  |  |  |  |  |  |
| 10 Applicant Contact Datails  | \(\begin{align*} \(\delta \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\   | i                 |  |  |  |  |  |  |  |
| 10. Applicant Contact Details   | 11. Agent Contact Details  |                   |  |  |  |  |  |  |  |
| Telephone numbers   | Telephone numbers  |                   |  |  |  |  |  |  |  |
| Telephone numbers  Extension  | Telephone numbers  | Extension         |  |  |  |  |  |  |  |
| Telephone numbers   |  | Extension number: |  |  |  |  |  |  |  |
| Telephone numbers  Country code: National number: Extension number:   | Telephone numbers  Country code: National number:  |                   |  |  |  |  |  |  |  |
| Telephone numbers  Extension  | Telephone numbers  |                   |  |  |  |  |  |  |  |
| Telephone numbers  Country code: National number: Extension number:   | Telephone numbers  Country code: National number:  |                   |  |  |  |  |  |  |  |
| Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  | Telephone numbers  Country code: National number:  |                   |  |  |  |  |  |  |  |
| Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  - 07894 269 730   | Telephone numbers  Country code: National number:  Country code: Mobile number (optional):   |                   |  |  |  |  |  |  |  |
| Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  - 07894 269 730  Country code: Fax number (optional):   | Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):   |                   |  |  |  |  |  |  |  |
| Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  - 07894 269 730   | Telephone numbers  Country code: National number:  Country code: Mobile number (optional):   |                   |  |  |  |  |  |  |  |
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| Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  - 07894 269 730  Country code: Fax number (optional):  E  | Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  |                   |  |  |  |  |  |  |  |
| Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  - 07894 269 730  Country code: Fax number (optional):  E  12. Site Visit  | Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  | number:           |  |  |  |  |  |  |  |
| Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  - 07894 269 730  Country code: Fax number (optional):  E  Tax number (optional):  In the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry  | Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  or other public land? Yes No  | number:           |  |  |  |  |  |  |  |
| Telephone numbers  Country code: National number: number:  Country code: Mobile number (optional):  - 07894 269 730  Country code: Fax number (optional):  E  The site Visit of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)   | Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  or other public land? Yes No  | number:           |  |  |  |  |  |  |  |
| Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  - 07894 269 730  Country code: Fax number (optional):  E  The site Visit  Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide: | Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  or other public land? Yes No  Agent Applicant Other (if differ agent/applicar | number:           |  |  |  |  |  |  |  |