

UTTLESFORD DISTRICT COUNCIL

2. Agent Name and Address

House

number:

Council Offices, London Road, Saffron Walden, Essex CB11 4ER Telephone (01799) 510510
Textphone Users 18001
Email planning@uttlesford.gov.uk
Website www.uttlesford.gov.uk

NTHONY

House

suffix:

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Title:

Unit:

Last name:

Company

(optional):

Please complete using block capitals and black ink.

BOD Y

House

number:

First name:

1. Applicant Name and Address

Title:

Last name:

Company

(optional):

Unit:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

SAM

House

suffix:

House name:	House name: WINTERBOURNE MOUSE
Address 1: SCHOOL VILLAS	Address 1: LITTLE WALDEN RD
Address 2:	Address 2:
Address 3:	Address 3:
TOWN: LINDSELL	TOWN: SAFFRON WALDEN
County: ESSEX	County: ESSEX
Country: CM636)	Country:
Postcode: CMb 3QH	Postcode: CBID IUX
3. Description of Proposed Works	
3. Description of Proposed Works Please describe the proposed works:	
Please describe the proposed works:	

f 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)
	5. Pedestrian and Vehicle Access, Roads and Rights of Way
4. Site Address Details Please provide the full postal address of the application site. Unit: House number: Z House suffix: House name: Address 1: SCHOOL VILLAS Address 2: Address 3: LINDSELL County: FSCEX	Is a new or altered vehicle access proposed to or from the public highway? Is a new or altered pedestrian access proposed to or from the public highway? Do the proposals require any diversions, extinguishments and/or creation of public rights of way? If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s):
Postcode (ontional): CM6 3 QH	
G. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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 possible: Officer name: Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	7. Trees and Hedges Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your boundary? Yes No If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: HEDGES TO FLANK AREAC BOUNDARIES. OAK TREE TO FRONT Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.
8. Parking Will the proposed works affect existing car parking arrangements? Yes No If Yes, please describe:	9. Council Employee / Member Is the applicant or agent related to any member of staff or elected member of the council? If Yes, please provide details:

10. Materials If applicable, please state what materials are to be used externally. Include type, colour and name for each material:							
п цррпомого, ртомого	Existing (where applicable)		ot Sable	Don't Know	Drawing references if applicable		
Walls	RENDER/BRICK	BRICIE/CLADDING					
Roof	PITCHED & SLATED	SAME					
Windows	WHITE U PVC	SAME					
Doors	PVC	SAME					
Boundary treatments (e.g. fences, walls)			□ ∤				
Vehicle access and hard-standing			X				
Lighting			×				
Others (please specify)			X				
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:							

1. Certificates		
	completed, together with the Agricultural Holdings Certi CERTIFICATE OF OWNERSHIP - CERTIFICATE A	ficate with this application form
l certify/The applicant certifies that on the owner <i>(owner is a person with a freehold in</i> t	ing (General Development Procedure) Order 1995 Certifically and the day 21 days before the date of this application nobody excepterest or leasehold interest with at least 7 years left to run) of any	pt myself/ the applicant was the
vhich the application relates. Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)
		21.04.2
cartiful The annlicant cartifies that I have	CERTIFICATE OF OWNERSHIP - CERTIFICATE B ing (General Development Procedure) Order 1995 Certifice/the applicant has given the requisite notice to everyone el, was the owner (owner is a person with a freehold interest or ling to which this application relates.	lse (as listed below) who, on the da
Name of Owner	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)
certify/ The applicant certifies that: Neither Certificate A or B can be is All reasonable steps have been taken interest or leasehold interest with at lea unable to do so. The steps taken were:	ssued for this application to find out the names and addresses of the other owners <i>(ow</i> st 7 years left to run) of the land or building, or of a part of it, b	vner is a person with a freehold but I have/ the applicant has been
Name of Owner	Address	Date Notice Served
Name of Owner	Address	Date Notice Served
Notice of the application has been publisl circulating in the area where the land is s	ned in the following newspaper On the following than 21 days before	date (which must not be earlier ore the date of the application):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)

11. Certificates (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7 I certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so. The steps taken were: On the following date (which must not be earlier than 21 days before the date of the application): Notice of the application has been published in the following newspaper (circulating in the area where the land is situated): Or signed - Agent: Date (DD/MM/YYYY): Signed - Applicant: AGRICULTURAL HOLDINGS CERTIFICATE Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7 Agricultural Land Declaration - You Must Complete Either A or B (A) None of the land to which the application relates is, or is part of, an agricultural holding. Date (DD/MM/YYYY): Signed - Applicant: Or signed - Agent: B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below: Name of Tenant Date Notice Served Address Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): 12. 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 has been submitted. 4 copies of a completed 4 copies of a design and access The correct fee: and dated application form: statement where proposed 4 copies of the completed, dated Article works fall within one of the 4 copies of a plan which identifies 7 Certificate (Agricultural Holdings): following designated areas: the land to which the application National ParkSite of special scientific interest relates drawn to an identified scale 4 copies of the completed, dated and showing the direction of North: Ownership Certificate Conservation area 4 copies of other plans and drawings (A, B, C or D - as applicable): Area of outstanding natural beauty or information necessary to describe World Heritage Site the subject of the application: The Broads 13. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. Signed - Applicant: Date (DD/MM/YYYY): Or signed - Agent: (date cannot be pre-application)

14. Applicant C	ontact Details	Ely All	15. Agent Co	ntact Details		
Telephone numbers			Telephone numbers			
Country code: Na	tional number:	Extension number:	Country code:	National number:		Extension number:
Country code: Mo	obile number (optional):		Country code:	Mobile number (optional):	
Country code: Fa:	x number (optional):		Country code:	Fax number (opti	onal):	_
Email address (option	onal):		Email address (o	ptional):		
16. Site Visit						
	from a public road, public footpath,		other public land?	Yes	No	
	ority needs to make an appointment n should they contact? (<i>Please select</i>	t to carry only one)	Agent	Applicant	Other (if differ agent/applica	ent from the nt's details)
If Other has been sel Contact name:	lected, please provide:		Telephone numb	oer:		
Email address:						