



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

Council	Mid Suffolk District Council
Applicant Name and Address	
Title	Mrs
First name	Patricia
Last name	Webster
Company	
Property name/number	Model farm cottage
Address line 1	Park road
Address line 2	
Town/Village	Combs
County	Suffolk
Country	UK
Postcode	IP14 5BL
Is an agent being used	Yes
Do you believe you are exempt from the application fee?	Yes, This application is for the benefit of a registered disabled person as per exemption 2 above
Planning application reference number for resubmission	
Agent Name and Address	
Title	Mr
First name	Chris
Last name	Stannard
Company	
Property name/number	Model farm cottage
Address line 1	Park road
Address line 2	

Town/Village	Combs
County	Suffolk
Country	UK
Postcode	IP14 2JN

Description of Proposed Works

Please describe the proposed works	Dropped kerb over footpath for vehicle access
Has the work already started?	No
If Yes, please state when the work was started	
Has the work already been completed?	No
If Yes, please state when the work was completed	

Site Address Details

Property name/number	model farm cottage
Address line 1	Park road
Address line 2	
Town/Village	Combs
County	Suffolk
Postcode	IP14 2JN

Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?	Yes
Is a new or altered pedestrian access proposed to or from the public highway?	No
Do the proposals require any diversions, extinguishments and/or creation of public rights of way?	No
If Yes to any of questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s)	001 and 002

Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?	No
Officer name	

Pre-application reference	
Date	
Details of pre-application advice received	
Trees and Hedges	
Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development?	Yes
If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings	002
Will any trees or hedges need to be removed or pruned in order to carry out your proposal?	Yes
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)/drawings(s) and indicate the scale.	Hedges only No trees
Parking	
Will the proposed works affect existing car parking arrangements	No
If Yes, please describe	
Authority Employee / Member	
Do any of the listed statements apply to you and/or agent?	No
If Yes, please provide details of their name, role and how you are related to them.	
Materials	
Walls	
Not applicable / Dont know	Not applicable
Existing (where applicable)	
Proposed	
Roof	
Not applicable / Dont know	Not applicable
Existing (where applicable)	

Proposed	
Windows	
Not applicable / Dont know	Not applicable
Existing (where applicable)	
Proposed	
Doors	
Not applicable / Dont know	Not applicable
Existing (where applicable)	
Proposed	
Boundary treatments (e.g. fences, walls)	
Not applicable / Dont know	Not applicable
Existing (where applicable)	
Proposed	
Vehicle access and hard-standing	
Not applicable / Dont know	Details to be provided below
Existing (where applicable)	Asphalt pedestrian walk way
Proposed	Asphalt vehicle crossing
Lighting	
Not applicable / Dont know	Not applicable
Existing (where applicable)	
Proposed	
Others (please specify)	
Not applicable / Dont know	Not applicable
Existing (where applicable)	
Proposed	
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?	Yes
If Yes, please state references for the plan(s)/drawing(s)/design and access statement	001 and 002

Ownership Certificates and Agricultural Land Declaration

Please select an ownership certificate and agricultural land declaration statement that applies to you	Certificate A
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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

Signed Applicant	
Or signed - Agent	c stannard
Date	10/04/2023

Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed Applicant	
Or signed - Agent	C Stannard
Date	10/04/2023

Applicant Contact Details

Telephone number	
Extension number	
Mobile telephone number	
Fax number	
Email address	

Agent Contact Details

Telephone number	
Extension number	
Mobile telephone number	
Fax number	
Email address	

Site Visit

Can the site be seen from a public road. public footpath, bridleway or other public land?	Yes
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?	Agent (if one is being used)
Contact name	
Telephone number	
Email address	
Payment	
Are you the applicant or are you an agent working on behalf of the applicant?	
Who will pay for this application?	
Email address (this is the address the payment receipt will be sent to)	
Payment Total	
Payment Receipt Number	
Date & Time	