



Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

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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:



Mid Suffolk District Council Planning Services Endeavour House, 8 Russell Road, Ipswich, IP1 2BX Tel: 0300 1234000 option 5 Email: planning@baberghmidsuffolk.gov.uk www.midsuffolk.gov.uk

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.

1. Applicant Name and Address			
Title:	Meame: First name:		
Last name:	BURKE.		
Company (optional):			
Unit:	House number: House suffix:		
House name:	THE OLD BARN HOUSE		
Address 1:	CAKE STREET		
Address 2:	LAXPIELD		
Address 3:			
Town:	WOODBRIDGE		
County:	SUPPOLK		
Country:	UK		
Postcode:	IPI3 8EP		

2. Agent Name and Address			
Title:	MR. First name: MATT		
Last name:	PATNE		
Company (optional):	HOWING ARCHITECTS SURVEYORS		
Unit:	House number: House suffix:		
House name:	THE GUILDHAU		
Address 1:	MARKET HILL		
Address 2:	FRAMLINGHAM		
Address 3:			
Town:	Wassersa		
County:	SUPFOLK		
Country:	UK		
Postcode:	IPIS 982		

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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: THE OLD BARN HOUSE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: CARC STREET	application more efficiently). Please tick if the full contact details are not			
Address 2: LAXPED	known, and then complete as much as possible:			
Address 3:	Officer name:			
Town: WOODRADGE	Reference:			
County: SUFFOCK				
Postcode (optional): P13 StD	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?			
Easting: Northing:				
Description:	 			
	*			
5. Description Of Your Proposal				
Please provide a description of the approved development as shows and date of decision in the sections below:	on the decision letter, including the application reference number			
ERECTION OF A SINGLE STERET EXTE	DE WALL & STACE			
EXTENSION TO BOOT REDIK TO GET	ER WITH COVERED PERCY &			
INTERNAL ALTERATIONS				
Reference number: Date of decision:	(Date must be pre-application submission) (DD/MM/YYYY)			
Please state the condition nurhber(s) to which this application relates:				
1. CONDITION NO4 BIODING RSITY ENTANCEMENT STRATEGY	6.			
2.	7.			
3.	8.			
4.	9.			
5.	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)			
Has the development been completed?				
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/details the				
LIZ LOFD ECOLOGY DOCUMENT DATED GAIJONE 2023				
7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:				

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 invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.					
The original and 3 copies* of a Th completed and dated application form:	e original and 3 copies* of other plans and drawings information necessary to describe the subject of the application:				
The correct fee:					
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick), You can check your LPA's website for information or contact their planning department to discuss these options.					
9. 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:				
Date (DD/MM/YYYY):					
13/6/2023. (date cannot be pre-application)					
10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Extension number:	Country code: National number: Extension number:				
Country code: Mobile number (optional): Country code: Fax pumber (optional):	Country code: Mobile number (optional): Country code: Fax number (optional):				
Email address (optional):	Email address (optional):				
12. 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? (Please select only one) Agent Applicant Other (if different from a agent/applicant's detail					
If Other has been selected, please provide:					
Contact name:	Telephone number:				

Email address: