



Application for approval of details reserved by condition

Council	Mid Suffolk District Council
Application is for	New dwellings and all other types of development
Applicant Name and Address	
Title	Mr
First name	Paul
Last name	Watson
Company	Clockhouse Barn Investments Limited
Property name/number	Gibbons Farm
Address line 1	Battisford
Address line 2	
Town/Village	Stowmarket
County	Suffolk
Country	United Kingdom
Postcode	IP14 2HJ
Is an agent being used	No
Do you believe you are exempt from the application fee?	No, standard fees will apply
Site Address Details	
Property name/number	Gibbons Farm
Address line 1	Battisford
Address line 2	
Town/Village	Stowmarket
County	Suffolk
Postcode	IP14 2HJ
Site easting	
Site northing	

Location description	
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Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?	No
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Officer name	
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Pre-application reference	
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Date	
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Details of pre-application advice received	
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Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below	Conversion of barn and ancillary building to form 1 no. dwelling.
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Reference number	DC/22/03948
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Date of decision	27/10/2022
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Please state the condition number(s) to which the application relates	<table border="1"><thead><tr><th>Condition Number</th></tr></thead><tbody><tr><td>4</td></tr><tr><td>5</td></tr><tr><td>6</td></tr><tr><td>7</td></tr><tr><td>8</td></tr><tr><td>10</td></tr><tr><td>11</td></tr></tbody></table>	Condition Number	4	5	6	7	8	10	11
Condition Number									
4									
5									
6									
7									
8									
10									
11									

Has the development already started?	No
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If Yes, please state when the development started	
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Has the development been completed?	No
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If Yes, please state when the development was completed	
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Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval	Please see attachments.
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Part Discharge Of Condition(s)

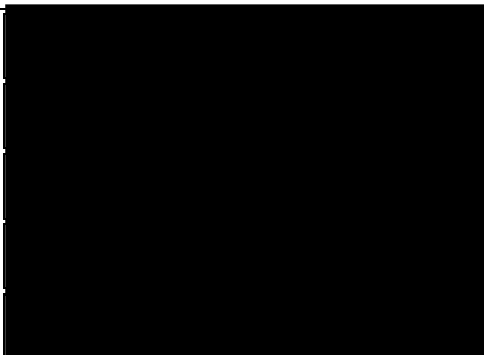
Are you seeking to discharge only part of a condition?	No
If Yes, please indicate which part of the condition your application relates to	

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	P. Watson
Or signed - Agent	
Date	15/06/2023

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?	Applicant
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	