

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

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:



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					2. Agent Name and Address			
Title:	MRS	First name:	JOY		Title:	MR	First name:	BARRY
Last name:	COX				Last name:	WHYMARK		
Company (optional):					Company (optional):	WHYMA	RK MOULTO	N LTD
Unit:	House House suffix:			Unit:	14	House number:	House suffix:	
House name:	C/O AG	BENT			House name:			
Address 1:					Address 1:	CORNA	RD ROAD	
Address 2:					Address 2:			
Address 3:					Address 3:			
Town:					Town:	SUDBL	JRY	
County:					County:	SUFFC	DLK	
Country:					Country:			
Postcode:					Postcode:	COA0 2	ХА]
							Ve	ersion 2018

	ddress Details	4. Pre-application Advice						
	ide the full postal address of the application site.		ity about this application?					
Unit:	number: suffix:							
House name:	BROOK HALL FARM BUILDINGS	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this						
Address 1:	CHURCH ROAD	application more efficiently). Please tick if the full contact details are not						
Address 2:			, and then complete as much as possible:					
Address 3:		Office	r name:					
Town:	CROWFIELD	Refere	ence:					
County:	SUFFOLK							
Postcode (optional):	IP6 9TG	Date (DD/MM/YYYY): (must be pre-application submission)						
Description (must be co	of location or a grid reference. ompleted if postcode is not known):	Details of pre-application advice received?						
Easting:	Northing:							
Description	:							
)							
	ption Of Your Proposal							
Please prov and date of	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:							
	Erection of 3no. detached dwellings and detached	d garage	es (following demolition of existing buildings)					
Reference r	number: DC/22/00958 Date of decision:	09/12/2	2022 (Date must be pre-application submission) (DD/MM/YYYY)					
Please stat	e the condition number(s) to which this application relates	S:						
1.	4 - BIODIVERSITY ENHANCEMENTS	6.	15 - ROOF MATERIALS					
2.	5 - WILDLIFE SENSITIVE LIGHTING DESIGN	7.	16 - BOUNDARY TREATMENTS					
3.	9 - SURFACE WATER DISCHARGE	8.	18 - CONTAMINATION					
4.	11 - CONSTRUCTION MANAGEMENT PLAN	9.						
5. <i>·</i>	12 - LANDSCAPING DESIGN	10.						
Has the dev	velopment already started?		Yes X No					
lf Yes, plea	se state when the development started (DD/MM/YYYY):	[(date must be pre-application submission)					
Has the de	velopment been completed?		Yes X No					
lf Yes, plea	ise state when the development was completed (DD/MM/Y	′YYY) : [(date must be pre-application submission)					
6. Discha	arge Of Condition							
	vide a full description and/or list of the materials/details th	nat are b	eing submitted for approval:					
SEE ATTACHED SCHEDULE AND DETAILS								
7. Part Discharge Of Condition(s)								
Are you seeking to discharge only part of a condition?								
If Yes, plea	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 The original and dated application form:	ginal and 3 copies* of other plans and drawings mation 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								
l/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:	Dr signed - Agent:							
Date (DD/MM/YYYY):								
15/06/2023 (date cannot be pre-application)								
10. Applicant Contact Details								
Telephone numbers								
Country code: National number: Extension number:								
Country code: Mobile number (optional):								
Country code: Fax number (optional):								
Email address (optional):								
12. Site Visit								
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes X No								
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>)	X Agent Applicant Other (if different from the agent/applicant's details)							
If Other has been selected, please provide:								
Contact name:	Telephone number:							
Email address:								