



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	Patrick
Last name	Smy
Company	
Property name/number	Land Adj: The Laurels
Address line 1	White Horse Corner
Address line 2	Wetheringsett
Town/Village	Stowmarket
County	Suffolk
Country	United Kingdom
Postcode	IP14 5QB
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	Land Adj: The Laurels
Address line 1	White Horse Corner
Address line 2	Wetheringsett
Town/Village	Stowmarket
County	Suffolk
Postcode	IP14 5QB
Site easting	
Site northing	

Location description			
Pre-application Advice			
Has assistance or prior advice been sought from the local authority about this application?	Yes		
Officer name			
Pre-application reference			
Date			
Details of pre-application advice received	Phoned in to planning office and was given advice of how to fill in this form 14th June 2023		
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	2no two storey dwellings		
Reference number	DC/2205821		
Date of decision	22/11/2022		
Please state the condition number(s) to which the application relates	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Condition Number</td> </tr> <tr> <td>9</td> </tr> </table>	Condition Number	9
Condition Number			
9			
Has the development already started?	Yes		
If Yes, please state when the development started	20/10/2020		
Has the development been completed?	No		
If Yes, please state when the development was completed			
Discharge Of Condition			
Please provide a full description and/or list of the materials/details that are being submitted for approval	Submitting Biodiversity plan for enhancement strategy as requested (condition 9 on planning approval)		
Part Discharge Of Condition(s)			
Are you seeking to discharge only part of a condition?	Yes		
If Yes, please indicate which part of the condition your application relates to	Biodiversity plan		
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	Mr P J Smy
Or signed - Agent	
Date	19/06/2023

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?	No
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)	[REDACTED]
Payment Total	116.00
Payment Receipt Number	[REDACTED]
Date & Time	19/06/2023 14:32