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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. As 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:



Planning and Sustainable Development

Correspondence address Cornwall Council - Planning, PO Box 676, Threemilestone, Truro, TR1 9EQ Telephone 0300 1234 151 | Email planning@cornwall.gov.uk

www.cornwall.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. Appli	cant Name and Address	2 Agent Nam	2. Agent Name and Address		
Title:	MR First name: POMRAS	Title:	First name:		
Last name:	GHALE	Last name:			
Company (optional):	1,001	Company (optional):			
Unit:	House number: 61 House suffix:	Unit:	House number:	House suffix:	
House name:		House name:	Labras	Line Line	
Address 1:	AUDINDAIE RD	Address 1:	- ser enclude en	vino- d	
Address 2:	The second date of the second da	Address 2:			
Address 3:	ALE SEEL SHEET STATE	Address 3:		30 . 70%	
Town:	PALMERS GREEN M3M	Town:		3 3 1 1 1	
County:	Lowoon	County:	W promise		
Country:	UNITED KAGDONE.	Country:			
Postcode:	NB 40×	Postcode:		707 36.	

	Address Details		application Advice stance or prior advice been sought from the local		
	vide the full postal address of the application site.		y about this application?		
Unit:	number: 29 house suffix:				
House name:			If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this		
Address 1:	POLKHIRT HILL	application more efficiently). Please tick if the full contact details are not			
Address 2:	MEVAGISSEY	known, and then complete as much as possible:			
Address 3:	mocker mot Ma Pitas are set of his attention	Officer name:			
Town:		VICT	TORIA ROBINSON JACK BROMLEY		
			ce:		
County:	CORNWALL	PA 22 /63 763			
Postcode (optional):		Date (DD/MM/YYYY): (must be pre-application submission) 3rd Feb 2023			
Description of location or a grid reference. (must be completed if postcode is not known):			Details of pre-application advice received?		
Easting:	Northing:	LISTE	ED BOLDING GNSENT REDURED		
Description			PER THE APPLICATION MADE FOR COMPLETE REFURBISHMENT OF 29		
		POL	KHIRT HILL MADE ON 19th APRIC		
	return de la la la la la companya de	202	2 .		
	ription Of Your Proposal				
ξ.	XTERNALLY		(Date must be pre-application		
	number: PAZZ / 03763 Date of decision:	3rd Fel	submission) (DD/MM/YYYY)		
	ate the condition number(s) to which this application relat	6.	Library and the second of the		
1.	4	-			
2.	6	7.	12		
3.	8	8.			
4.	9	9.	× 1/2 1 = 1		
5.	10	10.	CARS.		
Has the d	levelopment already started?	*	Yes No		
If Yes, ple	ease state when the development started (DD/MM/YYYY):	1	(date must be pre-application submission)		
Has the d	levelopment been completed?	11 7	Yes No		
		40000 F	(date must be pre-application		
ir yes, pre	ease state when the development was completed (DD/MN	W1111). L	submission)		
	harge Of Condition		CMC .		
	ovide a full description and/or list of the materials/details				
P	LEASE SEE ATTACHED DOCUMENT	T CALLE	ED CISTED BUHDING CONSENT-		
pı	SCHARGE OF CONDITIONS (WORD DE	mMEN	<i>I</i> T).		
7. Part	Discharge Of Condition(s)	H			
Are you s	seeking to discharge only part of a condition?	relates to	Yes No		
opti	ease indicate which part of the condition your application Y FOR THE PAYETS THAT REQUE		REEMENT IN WRITING BY		
THE	LPA, 4,6,8,9,10,11,12				

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of information required will result in your application being deemed invalid. It will not be considered the Local Planning Authority (LPA) has been submitted.	of your proposal. Failure to submit all dered valid until all information required by
The original and 3 copies* of a completed and dated application form: The original and 3 copies* of or information necessary to description.	other plans and drawings escribe the subject of the application:
The correct fee:	*
*National legislation specifies that the applicant must provide the original plus three copies of total of four copies), unless the application is submitted electronically or, the LPA indicate that LPAs may also accept supporting documents in electronic format by post (for example, on a C You can check your LPA's website for information or contact their planning department to dis	t a smaller number of copies is required. D, DVD or USB memory stick).
9. Declaration	
I/we hereby apply for planning permission/consent as described in this form and the accompainformation. I/we confirm that, to the best of my/our knowledge, any facts stated are true and genuine opinions of the person(s) giving them.	anying plans/drawings and additional accurate and any opinions given are the
Signe Or signed - Agent:	
Date (DD/MM/YYYY):	
(date cannot be pre-application)	
10. Applicant Contact Details 11. Agent Contact	t Details
Telephone numbers Telephone numbers	4
Country code: National number: Country code: Mabile number (antional): Country code: Mabile number (antional): Country code: Mobile number (antional):	enal number: Extension number: Ille number (optional): Itumber (optional): Al):
12. Site Visit	/
Can the site be seen from a public road, public footpath, bridleway or other public land?	Yes No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Applicant Other (if different from th agent/applicant's details)
If Other has been selected, please provide:	
Contact name: Telephone number:	
Email address:	