



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:	c/o	First name:	Kate				
Last name:	Parnum						
Company (optional):	Babergh & Mid Suffolk Council						
Unit:		House number:	House suffix:				
House name:	Endeavour House						
Address 1:	8 Russell Road						
Address 2:							
Address 3:							
Town:	Ipswich						
County:	Suffolk						
Country:	England						
Postcode:	IP1 2BX		J				

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2. Agent Name and Address								
Title:	Mr	First name:	David					
Last name:	Shipley							
Company (optional):	Barefoot & Gilles Architects							
Unit:		House number:		House suffix:				
House name:	2 Cromwell Court							
Address 1:	16 St. Peter's Street							
Address 2:								
Address 3:								
Town:	Ipswich							
County:	Suffolk							
Country:	England							
Postcode:	IP1 1XG							

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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 authority about this application?					
Unit: House number: 5A House suffix:	X res \(\text{\text{NO}}					
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: Cross Street	application more efficiently). Please tick if the full contact details are not					
Address 2:	known, and then complete as much as possible:					
Address 3:	Officer name: Alex Peck					
Town: Eye	Reference:					
County: Suffolk						
Postcode (optional): IP23 7AB	Date (DD/MM/YYYY): (must be pre-application submission) 09/08/2023					
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?					
Easting: Northing:	Discussion between AP and Kate Parnum					
Description:	regarding information required to be submitted for DoC application.					
5. 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:						
Full Planning Application - Change of Use office build front entrance canopy, construction of solar PV page						
front entrance canopy, construction of solar PV panels with associated landscaping and parking.						
Reference number: DC/21/03629 Date of decision:	15/09/2021 (Date must be pre-application submission) (DD/MM/YYYY)					
Please state the condition number(s) to which this application relate	s:					
1. 5	6.					
2. 6	7.					
3.	8.					
4.	9.					
5.	10.					
Has the development already started?	X Yes No					
If Yes, please state when the development started (DD/MM/YYYY):	03/04/2023 (date must be pre-application submission)					
Has the development been completed?	Yes X No					
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 th	nat are being submitted for approval:					
Ref. trina_solar_405-425w_vertexs_de095.05_datas	heet25_04_2022					
Ref. 2159 Cross Street - Condition 6						
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:						
in rest, prease maleute which part of the condition your application relates to.						

8. Planning Application Requipments Please read the following checklist to reduinformation required will result in your the Local Planning Authority (LPA) has	nake sure you have sent a application being deeme	all the ir			
The original and 3 copies* of a completed and dated application form	n: X	The or or info	iginal and 3 copies rmation necessary	* of other plans a to describe the s	nd drawings ubject of the application: $oxed{oldsymbol{X}}$
The correct fee:	🛚 via internal tra				
*National legislation specifies that the total of four copies), unless the applica LPAs may also accept supporting docu You can check your LPA's website for in	tion is submitted electron iments in electronic forma	nically o	or, the LPA indicate ost (for example, or	that a smaller nun a CD, DVD or US	umber of copies is required. BB memory stick).
9. Declaration					
I/we hereby apply for planning permis information. I/we confirm that, to the be genuine opinions of the person(s) giving	pest of my/our knowledge				
Signed - Applicant:			Or signed - Agent		
Date (DD/MM/YYYY):					
24/09/2022					
(date o	cannot be pre-application)			
12. Site Visit					
Can the site be seen from a public road	d, public footpath, bridlew	vay or c	other public land?	X Yes	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>)			Agent	Applicant	Other (if different from the agent/applicant's details)
If Other has been selected, please prov	ride:				agend applicants actains,
Contact name:			Telephone numbe	r:	
Bill Tarbotton					

Email address: