

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

2 Agent Name and Address

**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:**

## Rushcliffe Borough Council

Communities

Rushcliffe Arena

Rugby Road

West Bridgford

Nottingham NG2 7YG

Tel: 0115 981 9911

Email: planningandgrowth@rushcliffe.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:	M/2. First name: 5.			
Last name:	MULLIGAN			
Company (optional):	JAYBEES PROPERTIES LTD.			
Unit:	House number: House suffix:			
House name:	CABOURN HOUSE			
Address 1:	STATION STREET			
Address 2:	BINGTIAM			
Address 3:				
Town:	NOTTINGHAM			
County:				
Country:				
Postcode:	NG13 8AQ			

Z. Agent Name and Address				
Title:	mn. First name: IAN			
Last name:	WALTON			
Company (optional):	IAN WALTON DESIGNER			
Unit:	House number: 4-17 House suffix:			
House name:				
Address 1:	MANUSFIELD ROAD			
Address 2:	4 16			
Address 3:				
Town:	NOTTINGNAM			
County:				
Country:				
Postcode:	N45 20P			

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3. Site Ad	ddress 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 House suffix:	authority about this application?					
House name:	FIRST FLOOR OVER	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1:	15-17 UNION STREET	application more efficiently). Please tick if the full contact details are not					
Address 2:	BINGNAM	known, and then complete as much as possible:					
Address 3:			Officer name:				
Town:			Reference:				
County:							
Postcode (optional):	NG13 8AD	Date (DD/MM/YYYY): (must be pre-application submission)					
Description of location or a grid reference. (must be completed if postcode is not known):			Details of pre-application advice received?				
Easting:	Northing:						
Description	н:						
APPLICA	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:  APPLICATION FOR PROVAL FOR THE CHANGE OF USE TO PART OF  FIRST FLOOR OFFICE SPACE TO 2 MD. FLATS						
Reference n	number: 22/00777/PAM Date of decision:	14/0	(2022 (Date must be pre-application submission) (DD/MM/YYYY)				
Please state	e the condition number(s) to which this application relat	es:	algerik big pedaligi karası, oʻri i i i i sası⊞İlik				
1.	4	6.					
2.		7.					
3.		8.	, ,				
4.		9.					
5.		10.					
Has the dev	velopment already started?		Yes No				
If Yes, pleas	se state when the development started (DD/MM/YYYY):		(date must be pre-appli submission)	cation			
Has the dev	velopment been completed?		Yes No				
If Yes, plea	se state when the development was completed (DD/MN	1/YYYY): [	(date must be pre-appli submission)	cation			
6. Discha	arge Of Condition						
Please prov	ride a full description and/or list of the materials/details t	that are be	ng submitted for approval:				
SOUN	ID INSULATION ADVICE REPORT						
7. Part D	ischarge 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:							
ii res, pieas							
			+ 1				

	ke sure you have sent all the oplication being deemed inv	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by		
The original and 3 copies* of a completed and dated application form:	The or in	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:		
The correct fee:				
total of four copies), unless the application LPAs may also accept supporting docum	n is submitted electronically ents in electronic format by	iginal plus three copies of the form and supporting documents (a y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick). anning department to discuss these options.		
9. Declaration  I/we hereby apply for planning permission information. I/we confirm that, to the best genuine opinions of the person(s) giving  Signed - Applicant:	st of my/our knowledge, any	his form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the		
Date (DD/MM/YYYY):  24   08   2023 (date car	nnot be pre-application)			
10. Applicant Contact Details		11. Agent Contact Details		
Telephone numbers	Extension	Telephone numbers  Extension		
Country code: National number:	number:	Country code: National number: number:		
Country code: Mobile number (option	al).	Country code: Mobile number (optional):		
Mobile Humber (option	ar).	woone number (optional).		
Country code: Fax number (optional):		Country code: Fax number (optional):		
Email address (optional):		Email address (optional):		
12. Site Visit				
Can the site be seen from a public road, p	oublic footpath, bridleway o	rother public land? Yes No .		
If the planning authority needs to make a out a site visit, whom should they contact	in appointment to carry t? (Please select only one)	Applicant Other (if different from the agent/applicant's details)		
If Other has been selected, please provid				
Contact name:		Telephone number:		
Email address:				

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