



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:

Planning Development Management, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND

Tel: 0345 678 9004

Email: customer.service@shropshire.gov.uk www.shropshire.gov.uk/planning



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.

Applicant Name and Address				
Title:	Mr First name: Micheal			
Last name:	O'Neill			
Company (optional):				
Unit:	House House suffix:			
House name:				
Address 1:	c/o Agent			
Address 2:				
Address 3:				
Town:				
County:				
Country:				
Postcode:				

2. Agent Name and Address					
Title:	Mr First name: Edward				
Last name:	Thomas				
Company (optional):	Steady St8 Design Services Ltd				
Unit:	House number: House suffix:				
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

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3. Site Address Details		e-application			
Please provide the full postal address of the application site. House House	1 1	Has assistance or prior advice been sought from the local authority about this application?			
number: suffix:	_	Tes A 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: Land next to the Wintles		ation more effic	iently). ontact details are not		
Address 2: Wintles Lane		, and then com	plete as much as possible:		
Address 3:		name:			
Town: Bishops Castle		ence:			
County:					
Postcode (optional): SY9 5ES		Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):		(must be pre-application submission) Details of pre-application advice received?			
Easting: 332100 Northing: 289170					
Description:	_				
5. Description Of Your Proposal					
Please provide a description of the approved development as sho and date of decision in the sections below:	own on the o	lecision letter, ii	ncluding the application reference number		
DETERMINATION OF APPLICATION FOR VARIATION OF CO					
4 (Landscape Plan) 5 (Construction Method Statement) and 6 numbers 23/02534/VAR and 19/02170/FUL	(Material S	pecification) as	sociated with planing application		
Reference number: 23/02534/VAR Date of decision	04/08	2/23 (D	ate must be pre-application		
Reference number: 23/02534/VAR Date of decision: 04/08/23 (Date must be pre-application submission) (DD/MM/YYYY) Please state the condition number(s) to which this application relates:					
1.	6.				
Surface and Foul water drainage drawing/details/calcs	s 7.				
Slight line drawing	8.				
Landscape and boundary plans/details	9.				
Construction method statement	10.				
Has the development already started?		Yes X			
If Yes, please state when the development started (DD/MM/YYYY): [(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 that are being submitted for approval:					
See attached list					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition? Yes No					
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 th information required will result in your application being deemed in the Local Planning Authority (LPA) has been submitted.	ne information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by			
The original and 3 copies* of a completed and dated application form:	e original and 3 copies* of other plans and drawings information necessary to describe the subject of the application:			
The correct fee:				
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronical LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pl	ly or, the LPA indicate that a smaller number of copies is required. y post (for example, on a CD, DVD or USB memory stick).			
9. Declaration I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them. Signed - Applicant:	this form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the Or signed - Agent			
Date (DD/MM/YYYY): 7th Sept 2023 (date cannot be pre-application)				
10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers	Telephone numbers			
Country code: National number: Extension number:	Country code: National number: Extension number:			
Country code: Mobile number (optional):	Country code: Mobile number (optional):			
Country code: Fax number (optional):	Country code: Fax number (optional):			
Email address (optional):	Email address (ontional):			
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway o	or 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? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)			
If Other has been selected, please provide: Contact name:	Telephone number:			
CONTROL HAITIG.	Telephone number.			

Email address: