

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

Privacy Notice

his 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 ubsequent 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.

Ipon 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.

.ocal Planning Authority details:

1. Applicant Name and Address

Publication of applications on planning authority websites

nformation provided on this form and in supporting documents may be published on the authority's planning register and vebsite.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require into further clarification, please contact the Local Planning Authority directly.

f printed, please complete using block capitals and black ink.

t is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

Title:	MRS First name: ESTHER
Last name:	TUTTHILL
Company (optional):	
Unit:	House number: House suffix:
House name:	FOURWINDS
Address 1:	BADINGHAM ROAD
Address 2:	LAX FIELD
Address 3:	却
Town:	WOODBRIDGE
County:	SUFFOLK
Country:	UK
Postcode:	IP13 847

Title:	First name:	
ast name:		
Company (optional):		
Unit:	House number:	House suffix:
House name:		
Address 1:		
Address 2:		
Address 3:		
Town:		
County:		
Country:		
Postcode:		

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			
Unit: House number: House suffix:	authority about this application? Yes No			
House name: FOURWINDS	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: BADING HAM ROAD	application more efficiently). Please tick if the full contact details are not			
Address 2: LAXFIELD	known, and then complete as much as possible:			
Address 3:	Officer name:			
TOWN: WOODBRIDGE	Reference:			
County: SUFFOLK				
Postcode TD12 VIIT	Date (DD/MM/YYYY):			
Description of location or a grid reference.	(must be pre-application submission)			
(must be completed if postcode is not known):	Details of pre-application advice received?			
Easting: Northing:				
Description:				
5. Description Of Your Proposal				
Please provide a description of the approved development as show	n on the decision letter, including the application reference number			
and date of decision in the sections below: HOUSE HOLDER APPLICATION - ER	PECTION OF GARAGE/WORKSHOP			
AND RE-POSITION SHED (FOLL)	DWING DEMOLITION OF AN			
	TING STRUCTURES)			
Reference number: DC/23/02/57A Date of decision:	(Date must be pre-application			
12702010	Submission (Summission)			
Please state the condition number(s) to which this application related 1.	6			
2.	7.			
3.	8.			
(A) = 1 0 0 0 10 = 0				
FIRST USE & BIODIVERSITY ENHANCE	EMENT LAYOUT			
Has the development already started?	Yes No (date must be pre-application			
submission)				
Has the development been completed? Yes Vos places state when the development was completed (DD/MM20000). (date must be pre-application				
If Yes, please state when the development was completed (DD/MN	submission)			
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/details that are being submitted for approval: \ PLUM TREE				
BIRD BOXES X 2 BAT BOXES X 2 BUG HOTEL 1 TREES .				
LONGGRASS RUDERALS + WILD FLOWERS WOOD/LOG PILE (FRUIT TREE)				
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:				
	Varcian 2010			

3. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed invalue Local Planning Authority (LPA) has been submitted.					
The original a nd 3 copies of a transplant of the original and dated application form. The original and dated application form.	riginal a nd 3 copies* of other plans and drawings armation necessary to describe the subject of the applicatio n:				
The correct fee:					
National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a otal of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. PAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). Ou can check your LPA's website for information or contact their planning department to discuss these options.					
Declaration /we hereby apply for planning permission/consent as described in thi information. I/we confirm that, to the best of my/our knowledge, any figenuine opinions of the person(s) giving them.	s form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the				
Signed - Applicant:	Or signed - Agent:				
Date (DD/MM/YYYY):					
6 9 2023 (date cannot be pre-application)	*				
	11. Agent Contact Details				
T Company of the Comp	Telephone numbers				
	Country code: National number: Extension number: number:				
	Country code: Mobile number (optional):				
	Country code: Fax number (optional):				
E	Email address (optional):				