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## Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning 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. 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 their obligations in regards to the processing of your application. Please refer to their 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:



Development Management Service Thrapston Office Cedar Drive Thrapston NN14 4LZ Tel: 01832 742056 www.northnorthants.gov.uk

## **Publication on Local 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 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		2. Agent Name and Address			
Title:	MR First name: TON Y	Title:	MR First name: DAV 1D		
Last name:	KIRK	Last name:	GREEN		
Company (optional):		Company (optional):	DG DESIGNS		
Unit:	House number: 2 House suffix:	Unit:	House number: 22 House suffix:		
House name:	CHURCH COTTAGES	House name:			
Address 1:	CHURCH LANE	Address 1:	GOUGH CLOSE		
Address 2:		Address 2:			
Address 3:	NORTHANTS	Address 3:			
Town:	Twywell	Town:	KETTERING		
County:	NORTHANTS	County:	NORTHANTS		
Country:		Country:			
Postcode:	NNI4 3AH	Postcode:	NNI5 5BE		

3. Description of Proposed Works							
Please describe the proposed works:							
PROPOSED GROWND FLOOR SINGLE STOREY REAR LINK							
EXTENSION TO NO. 2 CHURCH COTTAGES, LINKING THE							
EXISTING OWELLING HOUSE TO ALREADY CONVERTED							
OUTBUILDING.							
Has the work already started?							
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)						
Has the work already been completed?							
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)						
	5. Pedestrian and Vehicle Access, Roads and Rights of Way s a new or altered vehicle access						
House 7 House	proposed to or from the public highway?						
	s a new or altered pedestrian access proposed to or from the public highway? Yes No						
	Do the proposals require any diversions, extinguishments and/or creation of public						
ridaress in Crivitacri Critic	rights of way?						
	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/						
	drawing(s):						
Town: TWYWELL							
County: NORTHANTS							
Postcode (optional): NN143AH							
I. Fle application married	7. Trees and Hedges Are there any trees or hedges on your own						
authority about this application?	property or on adjoining properties which are within falling distance of your proposed						
If Yes, please complete the following information about the advice	development?						
you were given. (This will help the authority to deal with this application more efficiently).	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:						
Please tick if the full contact details are not known, and then complete as much possible:							
Officer name:							
Reference:							
	Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No						
Date (DD MM YYYY): (must be pre-application submission)	If Yes, please show on your plans which trees by giving them						
Details of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale.						

8. Parking Will the proposed works affect existing car parking arrangements? Yes No							
If Yes, please describe:							
<b>9. Authority Employee / Member</b> It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.							
Do any of the following	conclude that there was blas on the part of the decade Do any of the following statements apply to you and/or agent? Yes With respect to the authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member						
If Yes, please provide o	letails of their name, role and how you are related t	o them.					
10. Materials			nd name for each material:				
If applicable, please sta	te what materials are to be used externally. Include	type, colour u		ot cable	Don't		
	Existing (where applicable)	Proposed		Not applicable	Know		
	MAIN HOUSE - BUFF STONE		AIMED RED				
Walls	OUTBUILDING - PECLAIMER RED BRICK & BUFF STONE	EXIST EXIST	TING.				
	0		SLATE TO				
Roof	BLACK SLATE	MATCH	EXISTING .				
	PAINTED TIMBER		O TIMBER				
Windows	SACH.	SASH	to match NG.				
		PAINTA	ED TIMBER				
Doors	PAINTED TIMBER DOORS	( RAHC	H STYLE, DOOR.				
Boundary treatments (e.g. fences, walls)							
(e.g. rences, mails)			Version 2018.1				

<b>10. Materials</b> If applicable, please state	what materials are to be used externally. Include type, colour and name for each material:		
Vehicle access and hard-standing		J	
Lighting	[	X	
Others (please specify)		Z	
If Yes, please state referen	onal information on submitted plan(s)/drawing(s)/design and access statement? The plan(s)/drawing(s)/design and access statement: OIA EXISTING OZA PLOPOSED		] No

11. Ownership Certificates and Agricultural Land Declaration						
One Certif	icate A, B, C, or D, must be completed with this application form					
CERTIFICATE OF OWNERSHIP - CERTIFICATE A Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 Leertify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding** NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the						
application relates but the land is, or is	part of, an agricultural holding.					
* "owner" is a person with a freehold interes ** "agricultural holding" has the meaning g	st or leasehold interest with at least 7 years left to run. jiven by reference to the definition of "agricultural tenant" in section 65(8) of t	the Act.				
Signed - Applicant:	Or sig	Date (DD/MM/YYYY):				
	2.	07.09.23				
CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which this application relates. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990						
Name of Owner / Agricultural Tenant	Address	Date Notice Served				
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):				

11. Ownership Certificates and Ag	ricultural Land Declaration (cont	inued)	
Town and Country Planning (Develor certify/ The applicant certifies that: Neither Certificate A or B can be issue All reasonable steps have been take	<b>CERTIFICATE OF OWNERSHIP - CERTIF</b> <b>opment Management Procedure) (Engl</b> ued for this application en to find out the names and addresses of it, but I have/ the applicant has been unab or leasehold interest with at least 7 years left to	CATE C and) Order 2015 Certificate the other owners* and/or age le to do so.	
Name of Owner / Agricultural Tenant	Address		Date Notice Served
		-	
Notice of the application has been publish (circulating in the area where the land is si	ned in the following newspaper ituated):	On the following date (whi than 21 days before the dat	ch must not be earlier te of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY)
I certify/ The applicant certifies that: Certificate A cannot be issued for the All second takes the second takes takes the second takes the second takes takes the second takes	en to find out the names and addresses of vner* and/or agricultural tenant** of any p le to do so.	and) Order 2015 Certificate everyone else who, on the d part of the land to which this to run.	av 21 days before the
Notice of the application has been publishe (circulating in the area where the land is sit	ed in the following newspaper tuated):	On the following date (whi than 21 days before the da	ch must not be earlier te of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
			100

12. Planning Application Requirement Please read the following checklist to make sure y information required will result in your application the Local Planning Authority (LPA) has been subm	ou have sent all the in being deemed inva	information in s alid. It will not b	upport e consi	of your prop dered valid	oosal. Failure to sub until all informatior	omit all required by	
The original and 3 copies* of a completed and dated application form: The original and 3 copies* of a plan which identifies the land to which the application		tatement if within a		completed	t fee: Il and 3 copies* of t , dated Ownership (A, B, C or D – as	he	
relates drawn to an identified scale and showing the direction of North: The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	Listed Building:			applicable)	and Article 14 (Agricultural Holdir	ngs): 🗆	
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.							
13. Declaration							
I/we hereby apply for planning permission/conse information. I/we confirm that, to the best of my/o genuine opinions of the person(s) giving them.	nt as described in th our knowledge, any	is form and the facts stated are	accomp true an	panying plar Id accurate a	ns/drawings and ad and any opinions given the second s and second se	ditional ven are the	
Signed - Applicant:	Or sig		o hime	Dat	e (DD/MM/YYYY):		
				0		(date cannot be pre-application)	
14. Applicant Contact Details		15. Agent	Conta	ct Details			
Telephone numbers		Telephone numbers					
Country code: National number:	Extension number:	Country code		tional numb	er:	Extension number:	
Country code: Mobile number (ontional):		Country code	: Mo	bile number	r (optional):		
Country code: Fax number (optional):		Country code			Scionaly.		
Email address (optional):							
	A		_				
16. Site Visit				_/			
Can the site be seen from a public road, public footpath, bridleway or other public land?							
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 Other (if different from the agent/applicant's details)							
If Other has been selected, please provide: Contact name: Telephone number:							
Contact name:		inder.					