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RECEIVED 1 8 SEP 2023

## Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) 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 Flanning Authority in accordance with the legislation detailed on this form and 'The Town and Country Flanning (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 Flanning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Flanning 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:



East Herts Council Wallfields, Pegs Lane Hertford Herts SG13 8F0 Tel: 01279 655261

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 darification, please contact the Local Flanning 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: JAMES	Title: MR First name: SAMUEL		
Last name: CASH	Last name: BROWN		
Company (optional):	Company (optional): PHILIP BROWN ASSOCIATES LTD		
Unit: House number: House suffix:	Unit: House number: 74 House suffix;		
House name: WHEELWRIGHTS FARM	House name:		
Address 1: Rainfy LAINE	Address 1: PARK ROAD		
Address 2: DANE END	Address 2:		
Address 3:	Address 3:		
Town: WARE	Town: PUGBY		
County: HERET FOR DSHIPE	County: WARWICKSHIRE		
Country:	Country:		
Postcode: SG12 OJY	Postcode: CV212QX		
	Version 2018		

13. Site A	ddressDetails	$\supset G$	Dec annillantia A L L			
Please provide the full postal address of the application site.		114	Pre-application Advice			
Unit:	House number: House suffix:	7   aŭ	Has assistance or prior advice been sought from the local authority about this application?  Yes  No			
House name:	WHEELWRIGHTSFARM	lf yo	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1:	ROUNET LANE	ap	plication more efficiently).			
Address 2:	DANE END	kn	Please tick if the full contact details are not known, and then complete as much as possible:			
Address 3:		]	ficer name:			
Town:	WARE		ference:			
County:	HERTFORDSHIRE		GIGILOG.			
Postcode (optional):	SGIR 054		Date (DD/MM/YYYY):			
Description	of location or a grid reference. mpleted if postcode is not known):		(must be pre-application submission)			
Easting:	Northing:	II F	tails of pre-application advice received?			
Description:		Ш				
[						
5. Descrip	otion Of Your Proposal					
Please provid	de a description of the approved development as show	n on th	e decision letter, including the application reference number			
Cens	truction of manege and a	RCCE	STRACE			
Peference nu	mber: 20/11/6 Date of decision:		(Date must be pre-application			
	the condition number(s) to which this application relate	C/6	(Date must be pre-application submission) (DD/MM/YYYY)			
	DNDITION 4	6				
2 Co	NOITION 5	7				
3.		8				
4.		9.				
5.		10,				
Hasthe devel	opment already started?		Yes No			
If Yes, please	state when the development started (DD/MM/YYYY):		(date must be pre-application submission)			
Has the devel	opment been completed?		Yes No			
If Yes, please:	state when the development was completed (DD/MM/	YYYY):	(date must be pre-application submission)			
6. Discharg	e Of Condition					
Please provide	e a full description and/or list of the materials/details the	at are t	eing submitted for approval:			
PLANI	NING STATEMENT, LANDSC	API	JG SCHEME			
'. Part Discharge Of Condition(s)						
Are you seeking to discharge only part of a condition?  Yes, please indicate which part of the condition your application relates to:						
· · · · · · · · · · · · · · · · · · ·	and the control your application relates to:					
			11			

8. Planning Application Require Rease read the following checklist to ma information required will result in your at the Local Ranning Authority (LPA) has be	ke sure you have sent al	the information in support of your proding invalid. It will not be considered valid	posal. Failure to submit all luntil all information required by
The original and 3 copies* of a completed and dated application form:		he original and 3 copies* of other plans or information necessary to describe the	sand drawings
The correct fee:			surject of the application.
*National legislation specifies that the application of four copies), unless the application LPAs may also accept supporting docume You can check your LPA's website for information.	ents in electronic format	by post for a maller i	number of copies is required.
9. Declaration			
I/we hereby apply for planning permission information. I/we confirm that, to the best genuine opinions of the person(s) giving t	n/consent as described in of my/our knowledge, a hem.	n thisform and the accompanying plan	s/drawings and additional d any opinions given are the
Signed - Applicant:			1
Date (DD/MM/YYYY):			
11/09/2023 (date cann	of he pre-application)		