

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

'rivacy Notice

his form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting aformation 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).

lease 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. An ubsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in greement 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 bligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and ommercial requirements relating to information security and data protection of the information you have provided.

ocal Planning Authority details:

Planning Services
Shropshire Council, PO Box 4826
Shrewsbury, SY1 9LJ
Tel: 0345 678 9004
Email: customer.services@shropshire.gov.uk
www.shropshire.gov.uk/planning



ublication 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 rebsite.

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

printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address	2. Agent Name and Address
Title: MR First name: MICHAEL	Title: First name: TREVOR
Last name: LYNSKEY	Last name: HEWETT
Company (optional):	Company (optional): THE ARCHITECTURE STUDIO
Unit: House number: House suffix:	Unit: House number: House suffix:
House name:	House name:
Address 1:	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
Town:	Town:
County:	County:
Country:	Country:
Postcode:	Postcode:

3. Site Address Details	4.Pre-application Advice Has ass is tance or prior advice been sought from the local
'leas e provide the full postal address of the application site of the application sit of the application site of the application site of the applicat	authority about this application? D Yes rg No
Unit: number: j_8 no se suffix:	If Yes, please complete the following information about the advice
name:	you were given. (This will help the authority to deal with this
Address 1: [H O P I o Al C A .ST L [application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible:
Address 2:	
Address 3:	Officer name:
Town:	Reference:
County: SH O PSH, R	Notice Chiec.
Postcode (optional): 5 y 7 O a F	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: J) 3 6 4- <-? Northing: J '2. 7 8 \ 6 8	
Description:	
,. Description Of Your Proposal Please provide a description of the approved development as showl and date of decision in the sections below:	n on the decision letter, including the application reference number
	Al.SIOf\/ e IN T ERN A I
12E // K	
I f: F L A. \< I I 5 H /v\G- N -r w o e. 1 <s< td=""><td></td></s<>	
Reference number: J"2c / o "I J o / F L <l date="" decision:<="" of="" td=""><td>"28 I \ o h o · · · · · submission) (DD/MM/YYYY)</td></l>	"28 I \ o h o · · · · · submission) (DD/MM/YYYY)
Pleas e state the condition number(s) to which this application relate	
1. 3 / 1 O r \\ 1 \\ (. 1 IS < V	6.
2.	7.
3.	8.
4.	9.
5.	10.
Has the development already started?	D Yes No
If Yes, please state when the development started (DD/MM/YYYY):	(date :n st be pre-application subm %s on)
Has the development been completed?	${f D}$ Yes ${f O}$ N o
If Yes, pleases tate when the development was completed (DD/MM.	
	/YYYY): J (date :n st be pre-application submits on)
6. Discharge Of Condition	
Pleas e provide a full des cription and/or list of the materials /details the	hat are being submitted for approval:
Pleas e provide a full des cription and/or list of the materials /details the W (I.t T T E J V S P E C. 1 1C. A T 10 N ;:: O{I. strong to 1, v1; R'{ OG. 1 A 1 t.S. }}	subm¹ss¹bn)
Pleas e provide a full des cription and/or list of the materials /details the W (Lt T T E Jv S P E C. 1 1 C. A T 1 0 N ;:: O{ L : ro 1, v1; R' { OG 1 A 1 t.S. 1: I } (L O o L I I , h T Q I'; I A) I - s C.	hat are being submitted for approval: A S c.H t=/VI E or: \i'H o T o \kappa E (_0 1 0 k T E: \{2., v A L L i HT IN 6
Pleas e provide a full des cription and/or list of the materials /details the W (I.t T T E J V S P E C. 1 1C. A T 10 N ;:: O{ I. : r o 1, v 1; R ' { OG. 1 A 1 t.S. 1: I	hat are being submitted for approval: A S c.H t=/VI E or: \i'H o T o \kappa E (_0 1 0 k T E: {2., v A L L i HT IN 6

	Il the information in support of your proposal. Failure to submit all d invalid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:
The correct fee:	
9. Declaration /we hereby apply for planning permission/consent as described nformation. I/we confirm that, to the best of my/our knowledge genuine opinions of the person(s) giving them. Signed - Applicant:	in this form and the accompanying plans/drawings and additional, any facts stated are true and accurate and any opinions given are the Or signed - Agent:
эідпей - дрріїсант.	Or signed - Agent.
Date (DD/MM/YYYY): 18/09/2023 (date cannot be pre-application)	on behalf of Trevor Howett
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers Country code: National number: Extension number Country code: Mobile number (optional):	
Country code: Fax number (optional): Email address (optional):	Country code: Fax number (optional): Email address (optional):
12. Site Visit	
Can the site be seen from a public road, public footpath, bridlewa	ay or other public land? 📈 Yes 🔲 No
f the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one,	Other (if different from the
f Other has been selected, please provide: Contact name:	Tolophono number
Contact name.	Telephone number:
Email address:	