



Application for removal or variation of a condition following grant of planning permission. 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 Planning Authority in accordance with the legislation detailed on this form.

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 commercial requirements relating to information security and data protection of the information you have pro-

Local Planning Authority details:

Town Planning Grafton House, 15-17 Russell Road, Ipswich, Suffolk IP1 2DE

Telephone: 01473 432913 Facsimile:

01473 432974

Email:

development.management@ipswich.gov.uk

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.

1. Applicant Name and Address				
Title:	MR. First name: M			
Last name:	CARTER.			
Company (optional):				
Unit:	House number: House suffix:			
House name:	THE FIRS			
Address 1:	BURSTALL LANE			
Address 2:	+			
Address 3:				
Town:	SPROUGHTON			
County:	SUFFOLK.			
Country:	ENGLAND.			
Postcode:	IP8 3DE			

2. Agent Name and Address				
Title:	MR. First name: STAN			
Last name:	BEANLAND.			
Company (optional):	BEANUAND ASSOCIATES ANCIUTELTS.			
Unit:	House number: House suffix:			
House name:				
Address 1:	84 PAINCES STREET			
Address 2:				
Address 3:	9			
Town:	IPSWICH			
County:	SUFFOUL			
Country:	ENSUALD.			
Postcode:	IPI INY.			

Version 2018

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 House suffix:	authority about this application?					
House THE FIRS	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1: RJUSTAU LAME.	application more efficiently). Please tick if the full contact details are not					
Address 2:	known, and then complete as much as possible:					
Address 3:	Officer name:					
TOWN: SPROUGRITON LANE.	Reference:					
County: SUFFOCK.						
Postcode (optional): 1P8 3DE.	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: Northing:						
Description:						
5. Description Of Your Proposal						
Please provide a description of the approved development as shown and date of decision in the sections below:	on the decision letter, including the application reference number					
VAMPATION OF CONDITION 2 (APPROAD) PLA	ANS AND POCLUMENTS) OF PLANMING					
PAYMISSION DC/20/04-221 DATEO: 29/	101/21 CHEANGE OF USE OF LAND AND					
CHECTION OF STATISLES AND TACK I COM	CFOLIOUSING PETNOLITION OF EXISTING					
PERMISSION DC/20/04-221 DATEO: 29/01/21 CHANGE OF USE OF LAND AND CHECKION OF STATISLES AND TACK ROOM CFOLLOWING PERMINATION OF GAISTING OUTBURINGS). TO RELOCATE STATISLES AND TACK ROOM AND ALTER DESIGN.						
Reference number: DC/22/0426 Date of decision (DD/MM/YYYY): 24/08/2022 (date must be pre-application submission)						
Please state the condition number(s) to which this application relates						
1.	6.					
2. COLOTTION 2 - ATPPROVED PURNS	7.					
3.	8.					
4.	9.					
5.	10.					
Has the development already started?	Yes No					
If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)						
Has the development been completed?	Yes No					
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
6. Condition(s) - Removal						
Please state why you wish the condition(s) to be removed or changed:						
SUBSTITUTION OF PLANS.						
If you wish the existing condition to be changed, please state how you wish the condition to be varied:						
SUBSTITUTE OF EXISTING PRIMINGS, PROPOSED 055, PROPOSED 200, PROPOSED 100, AMD PROPOSED 101, FOIL PAMENDED SUBMITTED, 2806-B1055, 2866-B/2000,						
2606-B/100.						

7. Ownership Certificates and Agricultural Land Declaration

One Certificate 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 I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the

is part of, an agricultural holding**	g to which the application relates, and that hone of the la	nd to which the application relates is, or					
NOTE: You should sign Certificate B, C application relates but the land is, or is	or D, as appropriate, if you are the sole owner of the l s part of, an agricultural holding.	and or building to which the					
* "owner" is a person with a freehold Intere ** "agricultural holding" has the meaning (st or leasehold interest with at least 7 years left to run. given by reference to the definition of "agricultural tenant" in	n section 65(8) of the Act.					
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):					
		510912023					
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					
	p						
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):					
The state of the s	The state of the s	state at all states of an appropriate and appropriate appropriate and appropriate appropri					

	ve sent all the in g deemed invali	formation in support of your proposal. Failure to submit all d. 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 the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):					
The original and 3 copies* of other plans and drawings (information necessary to describe the subject of the app	or plication: 🗹	and Article 14 Certificate (Agricultural Holdings):					
The correct fee:	-	PLEASE CAN YOU HOUSE OU THE ADDITION					
*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.							
9. Declaration I/we hereby apply for planning permission/consent as d information. I/we confirm that, to the best of my/our kn genulne opinions of the person(s) giving them.	escribed in this f owledge, any fac	form and the accompanying plans/drawings and additional cts stated are true and accurate and any opinions given are the					
Signed - Applicant: Or sig	ned - Agent:	Date (DD/MM/YYYY):					
		2610912023 (date cannot be pre-application)					
10. Applicant Contact Details							
Telephone numbers							
Country code: National number:	Extension number:						
National number.	nunituel.						
Country code: Mobile number (optional):	<u> </u>						
Country code: Fax number (optional):							
Email address (optional):							
		,					