Planning Development Management, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND

Tel: 0345 678 9004

Email: customer.service@shropshire.gov.uk www.shropshire.gov.uk/planning



Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

## Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applic	ant Name and Address	2. Agent Name and Address		
Title:	MRS First name: WENDY	Title:	First	name:
Last name:	WATKIN	Last name:		
Company (optional):	×	Company (optional):		
Unit:	House number: House suffix:	Unit:	House numbe	r: Hous suffix
House name:	CHERRY TREE HOUSE	House name:		
Address 1:	GREAT NESS	Address 1:		
Address 2:	· ·	Address 2:		
Address 3:		Address 3:		
Town:	SHREWSBURY	Town:		
County:	SHROPSHIRE	County:		
Country:	ENGLAND	Country:		
Postcode:	S44 ZLE	Postcode:		

3. Site Address Details	4. Pre-application Advice  Has assistance or prior advice been sought from the local				
Please provide the full postal address of the application site.  Unit: House House Ruffing	authority about this application?				
House Sullix.	If Yes, please complete the following information about the advice				
name: CHERRY TREE HOUSE	you were given. (This will help the authority to deal with this application more efficiently).				
Address 1: GREAT NESS	Please tick if the full contact details are not				
Address 2:	known, and then complete as much as possible:				
Address 3:	Officer name:				
TOWN: SUREWSBURY	Reference:				
County: SHROPSHIRE					
Postcode (optional): SY4 2LE	Date (DD/MM/YYYY):				
Description of location or a grid reference.	(must be pre-application submission)  Details of pre-application advice received?				
(must be completed if postcode is not known):  Easting: Northing:					
Easting: Northing: Description:	JANE RAYMOND.				
Description.	JANE RAYINOND.				
	<u> </u>				
E David Washington					
5. Description Of Your Proposal  Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:					
	HE ERECTION OF TWO DWELLINGS				
	STALLATION OF TWO SEPTIC TANKS				
AND ASSOCIATED NORKS.					
Reference number: 14/02/65 Ful Date of decision: 14th May 2014 (Date must be pre-application submission) (DD/MM/YYYY)  Please state the condition number(s) to which this application relates: 14.05.2014					
1. No. 10 - BATBOX	6.				
	7.				
100.11 PENCEST HEDGES	8.				
NOIZ CHRPARKING	9.				
4. NO 15 - EXTERNAL LIGHTING 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?					
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)					
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details that are being submitted for approval:					
PLEASE SEE SEPARATE PHOTOS AND DETAILS.					
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:					
in roof product interior part of the container your approaches.					

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.				
The original and 3 copies of a completed and dated application form:	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:			
The correct fee:				
9. Declaration  I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.  Signed - Applicant:  Date (DD/MM/YYYY):  (date cannot be pre-application)	ois form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the  Or signed - Agent:			
10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers	Telephone numbers			
Country code: National number: Extension number:	Country code: National number: Extension number:  Country code: Mobile number (optional):			
	Country code: Fax number (optional):  Email address (optional):			
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or	other public land? Yes No			
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)			
If Other has been selected, please provide: Contact name:	Telephone number:			

Email address: