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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 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 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:

Rushcliffe Borough Council

Communities

Rushcliffe Arena Rugby Road West Bridgford

Nottingham NG2 7YG

Tel: 0115 981 9911

Email: planningandgrowth@rushcliffe.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:	MRS First name: JOANNA		
Last name:	HOWARD		
Company (optional):			
Unit:	House House suffix:		
House name:	THE GABLES		
Address 1:	MAIN STREET		
Address 2:	SCARRINGTON		
Address 3:			
Town:	NOTTINGHAM		
County:	NOTTS		
Country:			
Postcode:	NG13 9BQ		

2. Agent Name and Address			
Title:	First name:		
Last name:			
Company (optional):			
Unit:	House House suffix:		
House name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

Version 2018

3. Site Address Details Please provide the full postal address of the application site. Unit: House number: House suffix: House name: THE CABLES Address 1: MAIN STREET Address 2: SCARRINGTON Address 3: Town: NOTTING HAM County: NGIS 980 Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Description:	4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible: Officer name: Reference: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?			
C. Description Of Verry 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: Democrition of existing Barn and Farm Buildings And Erection of SNGLE STOREY CARACE/STORAGE BUILDING, AND SINGLE STOREY CLASSHOUSE WITH ATTACHED STORAGE BUILDING: ASSOCIATED LANDSCAING WORKS Reference number: 22/0622/ful Date of decision: 4/11/22 (Date must be pre-application submission) (DD/MM/YYYY) Please state the condition number(s) to which this application relates: 1. 6. 6. 2. 7. 3. PROGRAMME OF ARCHEOCAICAC 8. CONTROL AND SUPCRUISION 8. CONTROL AND SUPCRUISION 9. 5. 10. Has the development already started? We please state when the development started (DD/MM/YYYY) (date must be pre-application (date must be pre-application)				
If Yes, please state when the development started (DD/MM/YYYY): 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: METHOD STATEMENT FOR THE PROGRAMME OF ARCHEOLOGICAL CONTROL AND SUPERVISION				
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:				

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 (LPA) has been submitted.					
The original and 3 copies* of a Scompleted 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:					
*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 described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.					
Sie	Or signed - Agent:				
Date (DD/MM/YYYY):					
4/9/23 (date cannot be pre-application)					
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: Mobile number (optional):				
	Country code: Fax number (optional):				
Country code: Fax number (optional):	Country code. Fax number (optional).				
Email address (optional):	Email address (optional):				
and a data of (op monary).					
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)	Applicant Other (if different from the agent/applicant's details)				
If Other has been selected, please provide:	agent/appnoants details)				
Contact name:	Telephone number:				
JOANNA HOWARD					
Email address					