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# Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning 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 their obligations in regards to the processing of your application. Please refer to their 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:**



Tedder Hall, Manby Park, Louth, Lincolnshire LN11 8UP T: 08446 601111 - 01507 601111 F: (Louth) 01507 600206 Mini-com: 01507 329555 www.e-lindsey.gov.uk

### **Publication on Local 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 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. Applic	ant Name and Address			
Title:	MEMRS First name: MICHAEL			
Last name:	DANNATT			
Company (optional):	-Alex - no nowing tests - being shift and			
Unit:	House House suffix:			
House name:	WILLOW COTTAGE			
Address 1:				
Address 2:	the state of the s			
Address 3:				
Town:	THIMBLEBY, HORNCASTLE			
County:	LINCI			
Country:	UK			
Postcode:	LN9 5RE			

2 Amount	Name and Address			
z. Agent	Name and Address			
Title:	MR First name: MALCLM			
Last name:	CLARIC			
Company (optional):	MALCOLU CLARIC ASSOCIATES			
Unit:	House number: 20 House suffix:			
House name:				
Address 1:	WELDON ROAD			
Address 2:				
Address 3:				
Town:	HEMSWELL NR GAMSBOLOVAU			
County:	LINCS			
Country:	UK			
Postcode:	DN 21 5UF			

B. Description of Proposed Works			
Please describe the proposed works:			
CONVERSION OF GARAGE TO	STULY		
Has the work already started? Yes V			
f Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)		
Has the work already been completed?			
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)		
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way		
Please provide the full postal address of the application site.  House House	Is a new or altered vehicle access proposed to or from the public highway? Yes V No		
Unit: number: suffix:	Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No		
House name: WILLOW COTTAGE	Do the proposals require any diversions,		
Address 1:	extinguishments and/or creation of public rights of way?		
Address 2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/		
Address 3:	drawing(s):		
TOWN: THIMBLEBY			
County: LINCS			
Postcode (optional): LN9 5RE			
6. Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application?  Yes No  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 possible:  Officer name:	7. Trees and Hedges  Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development?  If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:		
Onicer name.			
Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	Will any trees or hedges need to be removed or pruned in order to carry out your proposal?		

8. Parking Will the proposed wor	rks affect existing car parking arrangemer	nts? Yes 🗸	No	riginalis	40.00
If Yes, please describe					
means related, by birth	loyee / Member ciple of decision-making that the process n or otherwise, closely enough that a fair is as bias on the part of the decision-maker	minded and informed ob	server, having considered the fac-	, "related ts, would	to"
	g statements apply to you and/or agent?		With respect to the authority, I at (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member		
If Yes, please provide o	details of their name, role and how you ar	e related to them.			
10. Materials f applicable, please sta	ite what materials are to be used external	lly. Include type, colour a	nd name for each material:	ADDITION OF THE PARTY OF THE PA	
	Existing (where applicable)	Proposed		Not applicable	Don't Know
Walls	RENDER	RENDE	en to MATCH.		
Roof					
Windows	WHITE UPUC	White	UPVC		
Doors				Ø	
Boundary treatments (e.g. fences, walls)				Ø	

10. Materials						
f applicable, please sta	te what materials are to be used externally. Includ	de type, colour and name for each material:				
Vehicle access and hard-standing			<b></b>			
Lighting			<b>V</b>			
Others (please specify)						
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?  Yes No						
If Yes, please state refe	rences for the plan(s)/drawing(s)/design and acce	ss statement:				
DWG AA PROPOS DWG BA BX18711 BLOCK PLAN	NO BLEVATIONS PLAN SECTION NG BLEVATIONS PLAN	CIL FORM				

## 11. 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 owner\* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\* NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. \* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. \*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Signed - Applicant: Or signed - Agent Date (DD/MM/YYYY): 06/10/2023 CERTIFICATE OF OWNERSHIP - CERTIFICATE B 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 \* "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

Or signed - Agent:

Signed - Applicant:

Date (DD/MM/YYYY):

# 11. Ownership Certificates and Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners\* and/or ag/ficultural tenants\*\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. \* "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 The steps taken were: Date Notice Served Name of Owner / Agricultural Tenant Address On the following date (which must not be earlier Notice of the application has been published in the following newspaper than 21 days before the date of the application): (circulating in the area where the land is situated): Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant: CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else 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 to which this application relates, but I have/ the applicant has been unable to do so. "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 The steps taken were: On the following date (which must not be earlier Notice of the application has been published in the following newspaper than 21 days before the date of the application): (circulating in the area where the land is situated): Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant:

12. Plannin	g Application Requiremen	ts - Checklist				
Please read the information red	e following checklist to make sure y quired will result in your application ning Authority (LPA) has been subr	you have sent all th	e information in su valid. It will not be	upport of your proposa e considered valid until	l. Failure to submi all information red	t all quired by
The original ar	nd 3 copies* of a	The original and 3 design and access	copies* of a	The correct fee:		
The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale.  World Heritage		proposed works fa conservation area World Heritage Sit Listed Building:	II within a or	completed, dat Certificate (A, B applicable) and	The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):	
LPAs may also a	slation specifies that the applicant pies), unless the application is sub- accept supporting documents in e your LPA's website for information	electronic format by	post (for example	on a CD DVD or USB r	nemony stick)	ents (a uired.
13. Declara	tion					Transi
information. I/v	ply for planning permission/conse we confirm that, to the best of my/ ons of the person(s) giving them.	ent as described in t our knowledge, any	his form and the a r facts stated are to	ccompanying plans/dra rue and accurate and ar	awings and additions given	onal are the
Signed - Applie	cant:	Or signed - Agent		Date (DD	/MM/YYYY):	
				06/1		e cannot l applicatio
14. Applica	nt Contact Details		(15 Agent C	ontact Details		
Telephone nun						
		Extension	Telephone nun	ibers		Extension
Country code:	National number:	number:	Country code:	National number:		number:
			0044	01427 6671		
Country code:	Mobile number (optional):		Country code:	Mobile number (opti		
6			0044	07802 832		
Country code:	Fax number (optional):		Country code:	Fax number (optiona	1):	
Email address (	(optional):		Email address (	optional):		
			MCASSOCIA	TESZE GMA	HL - CON	
ac Cita Viai						
16. Site Visi	seen from a public road, public for	otoath bridloway o	r other public land	D	7.11	
If the planning	authority needs to make an appoi	ntment to carry			│ No ┌ Other (if differen	at from th
	whom should they contact? (Please	e select only one)	Agent	Applicant	agent/applicant	
Contact name:	en selected, please provide:		Telephone num	her:		
M2	M DAMNATT		receptione num	No.		
10.1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					

Email address:

ABOUE

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