

UTTLESFORD DISTRICT COUNCIL

Council Offices, London Road, Saffron Walden, Essex CB11 4ER Telephone (01799) 510510
Textphone Users 18001
Email planning@uttlesford.gov.uk
Website www.uttlesford.gov.uk

2. Agent Name and Address

First name:

House

House

Application for listed building consent for alterations, extension or demolition of a listed building.
Planning (Listed Buildings and Conservation Areas Act) 1990

Publication of planning applications on council websites

ROBERT

House

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Title:

Last name:

Company

(optional):

Please complete using block capitals and black ink.

First name:

1. Applicant Name and Address

IRVINE

House

MR

Title:

Unit:

Last name:

Company

(optional):

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

T-595 TX	number: suffix:	number: sulfix:			
House name:	HILLSIDE HOUSE	House name:			
Address 1:	HIGH STREET	Address 1:			
Address 2:		Address 2:			
Address 3:		Address 3:			
Town:	STEBBING	Town:			
County:	ESSEX	County:			
Country:	UK	Country:			
Postcode:	CM63SQ	Postcode:			
3. Descri	otion of Proposed Work				
The state of the s	ribe the proposals to alter, extend or demolish the listed	building(s):			
To R	EPLACE 1960'S STORMPROOF W	INDOWS WITH CONSERVATION STYLE			
FLUSH CASEMENT WINDOWS ON FRONT (N.E.) ELEVATION OF					
RESIL	DENCE				
		\$Date: 2007/08/22 15:20:06 \$ \$Revision: 1.23 \$			

3. Description of Proposed Work (continued)	4. Site Address Details		
	Please provide the full postal address of the application site.		
Has the work already started without consent? Yes No	Unit: House number: House suffix:		
If Yes, please state when the	name: HICESTDE MOUSE		
work was started (DD/MM/YYYY):	Address 1: HIGH STREET		
	Address 3:		
(date must be pre-application submission)	Town: STEBBING		
Voges	County: ESSEX		
Has the work been completed without consent? Yes No	Postcode (optional): CM 6 35Q		
22	Description of location or a grid reference. (must be completed if postcode is not known):		
If Yes, please state the date when the work was completed (DD/MM/YYYY):	Easting: 566097 Northing: 224335		
	Description:		
(date must be pre-application submission)			
(date must be pre application submission)			
5. Related Proposals	6. Pre-application Advice		
Are there any current applications, previous	Has assistance or prior advice been sought from the local		
proposals or demolitions for the site? Yes No If Yes please describe and include the planning application			
reference number(s), if known:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this		
Description Reference number	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?		
7. Neighbour and Community Consultation	8. Council Employee / Member		
Have you consulted your neighbours or	Is the applicant or agent related to		
the local community about the proposal? Yes No	any member of staff or elected member of the council? Yes No		
If Yes, please provide details:	If Yes, please provide details:		
NEIGHBOURS EACH SIDE CONSULTED +			
THOSE OPPOSITE - ALL IN APPROVAL			

Please provide a descr	Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):						
	Existing (where applicable)	Proposed	Not applicable	Don't Know			
External walls							
Roof covering							
Chimney							
Windows	TIMBER PAINTED	TIMBER PAINTED					
External doors							
Ceilings							
Internal walls							
Floors							
Internal doors							
Rainwater goods							
Boundary treatments (e.g. fences, walls)							
Vehicle access and hard standing							
Lighting							
Others (add description)							
Are you supplying additional information on submitted drawings or plans? Yes No If Yes, please state plan(s)/drawing(s) references:							
DETAIL OF TYPICAL CASEMENTS + NORTH EAST ELEVATION OF PROPERTY.							

9. Materials

10. Demolition		11. Listed B	uilding Alterations		
Does the proposal include the partial or total demolition of a listed building? Yes	No	Do the propose to a listed build	d works include alterations ing?	Yes	☐ No
If Yes, which of the following does the proposal involve?			oposed works include: er each of the questions)		
a) Total demolition of the listed building: Yes	No	you must answ	er each or the questions)	ت	
b) Demolition of a building within the curtilage of the listed building: Yes	No	a) Works to the	interior of the building?	Yes	No
c) Demolition of a part of the listed building: Yes	☐ No	b) Works to the	exterior of the building?	Yes	No
If the answer to c) is Yes:			structure or object fixed		
i) What is the total volume of the listed building?(cubic metres)		ts curtilage inte	(or buildings within rnally or externally?	Yes	No
ii) What is the volume of the part to be demolished?(cubic metres)			of any internal wall, ceiling (e.g. plaster, floorboards)?	Yes	WNo
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)		plans, drawings extent and char	any of these questions is Y , photographs sufficient to acter of the items to be rer eir replacement, including a	identify the le noved, and th	ocation, le
Please provide a brief description of the building or pa building you are proposing to demolish:	art of the		ort and state references for		
		PLAN OF SUPPLIED.	FRONT ELEVATION	JOF BUI	LDMG
Why is it necessary to demolish or extend (as applicable) a of the building(s) and or structure(s)?	all or part				
12. Listed Building Grading	Z-Z-Z-S-S	2 Immulali			
Please state the grading (if known) of the building in the list Buildings of Special Architectural or Historic Interest? (Note one box must be ticked) Grade I Ecclesiastical Grade	e: only	as a Certificate on the control of t	y From Listing of Immunity from Listing b	Don't know	
		Yes, please pro	vide the result of the appli	cation:	
Grade II Ecclesiastical Grade	u* 🗆				
Grade II* Don't kno	w 🗆 📗				
Ecclesiastical Grade I					

14. Certificates			经营销工程		
	Certificate A, B, C, or	D, must be completed with this ap	plication form		
		E OF OWNERSHIP - CERTIFICATE			
I certify/The applicant certifies that owner (owner is a person with a fre	it on the day 21 days I	Buildings and Conservation Areas before the date of this application in thold interest with at least 7 years left	nobody except mysel	lf/ the applicant was the fithe land or building to	
which the application relates. Signed - App		Date DD/MM/YYYY):			
		Or signed - Agent:		28/07/2023	
I certify/ The applicant certifies that	ulation 6 of the Plann t I have/the applicant l ication, was the owner	E OF OWNERSHIP - CERTIFICATE B ning (Listed Buildings and Conserv has given the requisite notice to eve (owner is a person with a freehold in application relates.	ration Areas) Regula eryone else (as listed	below) who, on the day	
Name of Owner		Address		Date Notice Served	
		31014			
Signed - Applicant:		Or signed - Agent:		Date DD/MM/YYYY):	
Regulation 6 certify/ The applicant certifies that: Neither Certificate A or B can be All reasonable steps have been	e 7 of the Town and C of the Planning (Liste issued for this applica taken to find out the na	OF OWNERSHIP - CERTIFICATE C Country Planning (General Developed Buildings and Conservation Are tion ames and addresses of the other ow un) of the land or building, or of a pa	eas) Regulations 199	n with a freehold	
Name of Owner		Address		Date Notice Served	
			ARTON AND THE PROPERTY OF THE PARTY OF THE P	The state of the same of the s	

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

Signed - Applicant:

On the following date (which must not be earlier than 21 days before the date of the application):

Date DD/MM/YYYY):

14. Certificates (continued)			
Certificate under Regulation 6 of the Planning (Listed Licertify/ The applicant certifies that: § Certificate A cannot be issued for this application § All reasonable steps have been taken to find out the this application, was the owner (owner is a person with the land to which this application relates, but I have	e names and addresses	ervation Areas) Regulations 1990 of everyone else who, on the day a leasehold interest with at least 7 yea	21 days before the date of
The steps taken were:			
Notice of the application has been published in the follo (circulating in the area where the land is situated):	owing newspaper	On the following date (whi than 21 days before the da	ch must not be earlier te of the application):
Signed - Applicant:	Or signed - Agent:		Date DD/MM/YYYY):
15. Planning Application Requirements - Ch Please read the following checklist to make sure you hav information required will result in your application being the Local Planning Authority has been submitted. 4 copies of a completed and dated application form:	e sent all the informati deemed invalid. It wi		nformation required by s or information
4 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:	4 cc	opies of of the completed, dated nership Certificate (A, B, C, or D - as	
16. Declaration I/we hereby apply for planning permission/consent as de information. Signed Or sign	escribed in this form an	Date (DD/MM/	
17. Applicant Contact Details	18. Ag	gent Contact Details	
Telephone numbers Country code: National number:	Extension Country Country Country Country	y code: Mobile number (optional)	Extension number:
19. Site Visit			
Can the site be seen from a public road, public footpath, I	-	olic land? Yes No	J
If the planning authority needs to make an appointment out a site visit, whom should they contact? (Please select of Other has been selected, please provide: Contact name:	only one) A		her (if different from the ent/applicant's details)
		C 1970 14 750 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Email address:			