





## Application for approval of details reserved by condition

Council	Mid Suffolk District Council
Application is for	Householder applications (extensions/outbuildings/fences)
<b>Applicant Name and Address</b>	
Title	Mr
First name	Trevor
Last name	Hart
Company	
Property name/number	Meadow View Farm
Address line 1	Stowmarket Road
Address line 2	
Town/Village	Earl Stonham
County	Suffolk
Country	
Postcode	IP14 5DZ
Is an agent being used	Yes
Do you believe you are exempt from the application fee?	No, standard fees will apply
<b>Agent Name and Address</b>	
Title	Mr
First name	Trevor
Last name	Hart
Company	
Property name/number	Meadow View Farm
Address line 1	Stowmarket Road
Address line 2	
Town/Village	Earl Stonham

County	Suffolk		
Country			
Postcode	IP14 5DZ		
<b>Site Address Details</b>			
Property name/number	Meadow View Farm		
Address line 1	Stowmarket Road		
Address line 2			
Town/Village	Earl Stonham		
County	Suffolk		
Postcode	IP14 5DZ		
Site easting			
Site northing			
Location description			
<b>Pre-application Advice</b>			
Has assistance or prior advice been sought from the local authority about this application?	No		
Officer name			
Pre-application reference			
Date			
Details of pre-application advice received			
<b>Description Of Your Proposal</b>			
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	Erection of a single storey rear extension		
Reference number	DC/23/03545		
Date of decision	27/09/2023		
Please state the condition number(s) to which the application relates	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Condition Number</td> </tr> <tr> <td>4</td> </tr> </table>	Condition Number	4
Condition Number			
4			
Has the development already started?	Yes		

If Yes, please state when the development started	02/10/2023
Has the development been completed?	No
If Yes, please state when the development was completed	
<b>Discharge Of Condition</b>	
Please provide a full description and/or list of the materials/details that are being submitted for approval	Biodiversity Enhancement Plan by MHE Consulting
<b>Part Discharge Of Condition(s)</b>	
Are you seeking to discharge only part of a condition?	No
If Yes, please indicate which part of the condition your application relates to	
<b>Declaration</b>	
<input checked="" type="checkbox"/> 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.	
Signed Applicant	
Or signed - Agent	Roger Balmer
Date	12/10/2023
<b>Applicant Contact Details</b>	
Telephone number	c/o Agent
Extension number	
Mobile telephone number	
Fax number	
Email address	
<b>Agent Contact Details</b>	
Telephone number	
Extension number	
Mobile telephone number	
Fax number	

Email address	
<b>Site Visit</b>	
Can the site be seen from a public road. public footpath, bridleway or other public land?	No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?	Agent (if one is being used)
Contact name	
Telephone number	
Email address	
<b>Payment</b>	
Are you the applicant or are you an agent working on behalf of the applicant?	Agent
Who will pay for this application?	Customer will be required to make the payment at a later date
Email address (this is the address the payment receipt will be sent to)	
Payment Total	
Payment Receipt Number	
Date & Time	12/10/2023 08:44