

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

# 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:



Mid Suffolk District Council Planning Services Endeavour House, 8 Russell Road, Ipswich, IP1 2BX Tel: 0300 1234000 option 5 Email: planning@baberghmidsuffolk.gov.uk www.midsuffolk.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					2. Agent Name and Address				
Title:	Mr	First name:	James		Title:	Mr	First name:	Angus	
Last name:	Saunders				Last name:	Bridges			
Company (optional):					Company (optional):	Acorus R	ural Prope	rty Services Ltd	
Unit:		House number:		House suffix:	Unit:		House number:	House suffix:	
House name:	C/o Age	ent			House name:				
Address 1:					Address 1:	Old Mark	ket Office		
Address 2:					Address 2:	Risbyga	te Street		
Address 3:					Address 3:				
Town:					Town:	Bury St	Edmunds		
County:					County:	Suffolk			
Country:					Country:				
Postcode:					Postcode:	IP33 3AA	Α	]	
					-		Ve	ersion 2018	

3. Site A	ddress Details	4. Pre-application Advice					
Please prov	vide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?					
Unit:	House House suffix:						
House name:		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1:	Vine Farm	application more efficiently). Please tick if the full contact details are not					
Address 2:	Address 2: Braiseworth Road			known, and then complete as much as possible:			
Address 3:		Office	r name:				
Town:	Еуе	Refere	ence:				
County:	Suffolk						
Postcode (optional):	IP23 7DR	Date (DD/MM/YYYY): (must be pre-application submission)					
Descriptior (must be c	n of location or a grid reference. ompleted if postcode is not known):	Details of pre-application advice received?					
Easting:	Northing:						
Description	n:						
5. Descr	iption Of Your Proposal						
Please pro and date o	ovide a description of the approved development as shown of decision in the sections below:	on the o	decision lett	ter, including the application reference number			
		20/08	/2023	(Date must be pre-application			
Reference	number: DC/23/03130 Date of decision: te the condition number(s) to which this application relates		/2025	submission) (DD/MM/YYYY)			
1		6.					
2		7.					
4		8.					
<sup>3.</sup> 5 <sup>4.</sup> 6		9.					
E		10.					
1	evelopment already started?		Yes	No			
	ase state when the development started (DD/MM/YYYY):	Γ		(date must be pre-application			
Has the development been completed?							
	If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
		L					
	arge Of Condition ovide a full description and/or list of the materials/details th	nat are b	eina submit	ted for approval:			
	Plans Submitted		enig edenit				
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 completed and dated application form:								
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.								
<b>9. Declaration</b> 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:							
	0 0							
Date (DD/MM/YYYY):								
(date cannot be pre-application)								
10. Applicant Contact Details	11. Agent Contact Details							
Telephone numbers Extension Country code: National number: number:	Telephone numbers Country code: National number: number:							
Country code: Mobile number (optional):	01284 753271   Country code: Mobile number (optional):							
Country code: Fax number (optional):	Country code: Fax number (optional):							
Email address (optional):	Email address (optional):							
	angus.bridges@acorus.co.uk							
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? ( <i>Please select only one</i> )	Agent Applicant Other (if different from the agent/applicant's details)							
If Other has been selected, please provide: Contact name: Telephone number:								
angus Bridges	01284753271							
Email address: angus.bridges@acorus.co.uk								