

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:



Babergh District Council Endeavour House, 8 Russell Road, Ipswich, IP1 2BX

Tel: 0300 1234000 option 5

Making the area a better place to live and work for everyone

Email: planning@baberghmidsuffolk.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.

Applicant Name and Address				
Title:	Miss. First name: A.			
Last name:	Cutter			
Company (optional):				
Unit:	House number: House suffix:			
House name:				
Address 1:	C/O Agent			
Address 2:				
Address 3:				
Town:				
County:				
Country:				
Postcode:				

2. Agent Name and Address				
Title:	First name:			
Last name:				
Company (optional):	Whymark & Moulton Ltd			
Unit:	House number: House suffix:			
House name:				
Address 1:	14, Cornard Road			
Address 2:				
Address 3:				
Town:	Sudbury			
County:	Suffolk			
Country:				
Postcode:	CO10 2XA			

Version 2018

3. Site Address Details			e-application Advice			
Please provide the full postal address of the application site. House House			sistance or prior advice been sought from the local ity about this application? Yes X No			
Unit: House	number: suffix:	If Vos	please complete the following information about the advice			
name:		you we	ere given. (This will help the authority to deal with this			
Address 1: 3, North Street			ation more efficiently). tick if the full contact details are not			
Address 2:			, and then complete as much as possible:			
Address 3:		Office	r name:			
Town:	Town: Sudbury		ence:			
County:	ounty: Suffolk					
Postcode (optional):			Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):			pe pre-application submission) s of pre-application advice received?			
Easting:	Northing:					
Description	:					
	ption Of Your Proposal					
Please provand date of	vide a description of the approved development as shown decision in the sections below:	on the o	decision letter, including the application reference number			
	Conversion Of Cellar To Form Additional Salon S					
	Ground Floor And First Floor Level As Well As Re	epiacer	nent Of Existing External Staircase			
Reference r	number: DC/23/01251 Date of decision:	05/05	(Date must be pre-application submission) (DD/MM/YYYY)			
Please stat	e the condition number(s) to which this application relates	5:	Sabinission, (BE/WWW.1111)			
1.		6.				
2.		7.	Brick Cleaning			
3.		8.	Plaster & Floor Screed			
4.		9.				
5.		10.				
Has the dev	velopment already started?		Yes X No			
If Yes, please state when the development started (DD/MM/YYYY):			(date must be pre-application submission)			
Has the development been completed?			Yes X No			
If Yes, please state when the development was completed (DD/MM/Y)			(date must be pre-application submission)			
6. Discha	arge Of Condition					
Please provide a full description and/or list of the materials/details that are being submitted for approval:						
As	Indicated On Accompanying Manufacturer's Prod	luct Det	ails			
7. Part Discharge Of Condition(s)						
Are you seeking to discharge only part of a condition? Yes X No						
If Yes, plea	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 required will result in your application being deemed in the Local Planning Authority (LPA) has been submitted.	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by		
The original and 3 copies* of a completed 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: N/A			
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pla	y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick).		
9. Declaration I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	nis form and the accompanying plans/drawings and additional r facts stated are true and accurate and any opinions given are the		
Date (DD/MM/YYYY):			
06/11/2023 (date cannot be pre-application)			
10. Applicant Contact Details	11. Agent Contact Details		
Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):		
12. Site Visit			
Can the site be seen from a public road, public footpath, bridleway o 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>)	r other public land? Yes X No Agent X Applicant Other (if different from the agent/applicant's details)		
If Other has been selected, please provide: Contact name:	Telephone number:		

Email address: