

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

Application for Approval of Details Reserved by Condition

Town and Country Planning Act 1990 (as amended); Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Site Location		
Disclaimer: We can only make recommendation	s based on the answers o	given in the questions.
If you cannot provide a postcode, the description help locate the site - for example "field to the Nor		ompleted. Please provide the most accurate site description you can, to
Number		
Suffix		
Property Name		
Oak Hall Farm		
Address Line 1		
Needham Road		
Address Line 2		
Coddenham		
Address Line 3		
Town/city		
Stowmarket		
Postcode		
IP6 9UD		
Description of site location must	be completed if p	
Easting (x)		Northing (y)
611836		254747
Description		

Applicant Details
Name/Company
Title
Mr
First name
Dan
Surname
Wythe
Company Name
Address
Address line 1
Glebe Barn
Address line 2
Needham Road
Address line 3
Town/City
Coddenham
County
Country
Postcode
IP6 9UA
Are you an agent acting on behalf of the applicant?
⊙ Yes
○ No

(Formerly 1 & 2 Lime Kiln Farm)

Primary number Secondary number Fax number Email address ****** REDACTED ****** Agent Details Name/Company Title Mr First name Peter
Fax number Email address ****** REDACTED ****** Agent Details Name/Company Title Mr First name Peter
Fax number Email address ****** REDACTED ****** Agent Details Name/Company Title Mr First name Peter
Email address ****** REDACTED ****** Agent Details Name/Company Title Mr First name Peter
Email address ****** REDACTED ****** Agent Details Name/Company Title Mr First name Peter
Agent Details Name/Company Title Mr First name Peter
Agent Details Name/Company Title Mr First name Peter
Agent Details Name/Company Title Mr First name
Name/Company Title Mr First name Peter
Name/Company Title Mr First name Peter
Title Mr First name Peter
Title Mr First name Peter
First name Peter
Peter
Surname
Wells
Company Name
Peter Wells Architects Limited
Address
Address line 1
Ferry Quay House
Address line 2
Ferry Quay
Address line 3
Address line 3
T (0)
Town/City Woodbridge
Woodbridge
County
Country
United Kingdom

Postcode
IP12 1BW
Contact Details
Primary number
***** REDACTED *****
Secondary number
Fax number
Email address
***** REDACTED *****
Description of the Proposal
Please provide a description of the approved development as shown on the decision letter
Conversion of two dwellings into a single dwelling. Erection of single-storey rear extension
Reference number
DC/21/06458
Date of decision (date must be pre-application submission)
30/09/2022
Please state the condition number(s) to which this application relates
Condition number(s)
4
Has the development already started?
If Yes, please state when the development was started (date must be pre-application submission)
11/09/2023
Has the development been completed?
Yes

Part Discharge of Conditions
Are you seeking to discharge only part of a condition?
○ Yes ⊙ No
Discharge of Conditions
Please provide a full description and/or list of the materials/details that are being submitted for approval
Roofing materials to extension to be Canadian Glendyne 1st Grade roofing slate, 500 x 250mm (4-5mm thick), as attached details
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?

Other person
Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? ○ Yes ⊙ No
Declaration
I/We hereby apply for Approval of details reserved by a condition (discharge) as described in the questions answered, details provided, 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.
I/We also accept that, in accordance with the Planning Portal's terms and conditions:
- Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published as part of a public register and on the authority's website;
- Our system will automatically generate and send you emails in regard to the submission of this application.
☑I / We agree to the outlined declaration
Signed
Deter Malle
Peter Wells
Date

