DARTFORDBOROUGH COUNCIL

Civic Centre, Home Gardens Dartford, Kent DA1 1DR Tel: 01322 343203

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	
	e recommendations based on the answers given in the questions.
	de, the description of site location must be completed. Please provide the most accurate site description you can, to ble "field to the North of the Post Office".
Number	23
Suffix	
Property Name	
Address Line 1	
High Street	
Address Line 2	
Address Line 3	
Kent	
Town/city	
Swanscombe	
Postcode	
DA10 0AG	
December 1997	
	ocation must be completed if postcode is not known:
Easting (x)	Northing (y)
560612	174683

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Applicant Details			
Name/Company			
Title			
Mr			
First name			
peter			
Surname			
chopra			
Company Name			
Address			
Address line 1			
23			
Address line 2			
High Street			
Address line 3			
Town/City			
swanscombe			
County			
Kent			
Country			
United Kingdom			
Postcode			
DA10 0AG			
Are you an agent acting on behalf of the applicant? ○ Yes ⊙ No			
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
Change of use of dental surgery to flat and erection of a detached building for a dental surgery
Reference number
DA/23/00451/FUL
Date of decision (date must be pre-application submission)
08/09/2023
Please state the condition number(s) to which this application relates
Condition number(s)
03
04
Has the development already started?
○ Yes ⊙ No
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
Contaminated Land Assessment Watching Brief

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? The agent

Pre-application Advice
Has assistance or prior advice been sought from the local authority about this application?
○ Yes ⊙ No
⊗ 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.
l/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
Peter Chopra
Date
11/11/2023