



Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

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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						
Title:	Mr	First name:				
Last name:	Pratt					
Company (optional):						
Unit:		House House suffix:				
House name:	The Cherr	The Cherries				
Address 1:	Cross Street					
Address 2:						
Address 3:						
Town:	own: Elmswell					
County: Bury St Edmunds						
Country:	Suffolk					
Postcode:	IP30 9DR					

2. Agent Name and Address						
Title:	Mr	First name:	Andrew			
Last name:	Catton					
Company (optional):	Patrick Allen & Associates					
Unit:		House number:		House suffix:		
House name:	Grange Business Centre					
Address 1:	Tommy Flowers Drive					
Address 2:	Grange Farm					
Address 3:	Kesgrave					
Town:	Ipswich					
County:	Suffolk					
Country:	UK					
Postcode:	IP5 2BY					
		1/	ersion 2018			

Please prov Unit: House name: Address 1: Address 2: Address 3: Town: County: Postcode (optional): Description	Elmswell Bury St Edmunds Suffolk IP30 9DR of location or a grid reference. completed if postcode is not known): Northing:	House suffix:	If Yes, you we applied known Office Refere (must	sistance or rity about the please comere given. (The please comere given ation more tick if the fin, and then ar name: Pence: [prior advice prior advice been sought from the local his application? Yes No plete the following information about the advice This will help the authority to deal with this efficiently). ull contact details are not complete as much as possible: Date (DD/MM/YYYY): lication submission) plication advice received?
 Description Of Your Proposal 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: Application for approval of Reserved Matters pursuant to Hybrid Planning Permission DC/22/01224 dated: 31/05/2022 - Access, Appearance, Landscaping, Layout and Scale for Erection of 1no. detached dwelling. 					
Reference r		Date of decision:	15.05.2	2023	(Date must be pre-application submission) (DD/MM/YYYY)
1.	e the condition number(s) to which	this application relates	6.	,	
2.			7.	V	
3.	/		8.		
4.	<u> </u>		9.		
5.	/		10.		
Has the de	velopment already started?			Yes	No
	If Yes, please state when the development started (DD/MM/YYYY):				(date must be pre-application submission)
Has the de	velopment been completed?		L	Yes	No No
If Yes, plea	If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval: 4011 - 4000					
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:					

Please read the finformation requ		u have sent all the being deemed inv	e information in support of your proposal. Failure to suvalid. It will not be considered valid until all information					
The original and completed and c	I 3 copies* of a dated application form:		original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:					
The correct fee:								
total of four cop LPAs may also a	ies), unless the application is submit ccept supporting documents in elec	tted electronically tronic format by	iginal plus three copies of the form and supporting do y or, the LPA indicate that a smaller number of copies i post (for example, on a CD, DVD or USB memory stick) anning department to discuss these options.	s required.				
information. I/w genuine opinior	oly for planning permission/consent re confirm that, to the best of my/ouns of the person(s) giving them.	as described in tl r knowledge, any	nis form and the accompanying plans/drawings and acreases stated are true and accurate and any opinions g	dditional iven are the				
Signed - Applica	ant:		Or signed - Agent:	A i - t				
			SParkin For & on behalf of Patrick Allen &	Associates				
Date (DD/MM/Y	(YYY):							
15.11.2023	(date cannot be pre	-application)						
10. Applican	nt Contact Details		11. Agent Contact Details					
Telephone num	bers		Telephone numbers					
Country code:	National number:	Extension number:	Country code: National number:	Extension number:				
Country code:	Mobile number (optional):		Country code: Mobile number (optional):					
Country code:	Fax number (optional):		Country code: Fax number (optional):					
Email address (e	antional).							
12. Site Visit								
Can the site be s	seen from a public road, public footp	oath, bridleway o	r other public land? Yes No					
out a site visit, w	authority needs to make an appoints whom should they contact? (Please se	ment to carry elect only one)	Agent Applicant Other (if di	fferent from the licant's details)				
	n selected, please provide:		Talanhana ayunahan					
Contact name:			Telephone number:					

Email address: