

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:

Planning & Building Control Services Civic Centre The Water Gardens Harlow Essex CM20 1WG http://www.harlow.gov.uk

Tel: 01279 446856

Email: planning.services@harlow.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:	MRS First name: ANGELA				
Last name:	HANNIBAL				
Company (optional):	C/O BUTTERFLY EFFECT WELLBEING				
Unit:	House number: 2 House suffix:				
House name:					
Address 1:	BROADWAY AVENUE				
Address 2:					
Address 3:					
Town:	HARLOW				
County:	ESSEX				
Country:	UK				
Postcode:	CM17 0AG				

2.Agent Name and Address					
Title:	MR First name: IAN				
Last name:	CORNER				
Company (optional):	RESIDENTIAL S72 LTD				
Unit:	House number: 9 House suffix:				
House name:					
Address 1:	MALHAM CLOSE				
Address 2:	SHAFTON				
Address 3:					
Town:	BARNSLEY				
County:	SOUTH YORKSHIRE				
Country:	UK				
Postcode:	S72 8PE				
	Version 2018				

Solite Address Details		If Yes, you we applic Please known Office Reference (must	re-application Advice assistance or prior advice been sought from the local ority about this application? Yes No s, please complete the following information about the advice were given. (This will help the authority to deal with this ication more efficiently). se tick if the full contact details are not wn, and then complete as much as possible: Date (DD/MM/YYYY): st be pre-application submission) ails of pre-application advice received?			
E Doscri	Intion Of Vour Proposal					
5.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: Change of use from Use Class C3 (dwellinghouse) to Use Class sui generis (Wellbeing Centre). Internal and exterior refurbishment of the existing dwelling with the addition of a portable cabin in the rear garden and wheelchair access and disabled parking on site.						
	number: HW/FUL/23/00299 Date of		13/9/20	(Date must be pre-application		
Reference number: HW/FUL/23/00299 Date of decision: 1. Please state the condition number(s) to which this application relates:				submission) (DD/MM/YYYY)		
	2		6.			
2.	3		7.			
3.			8.			
4.			9.			
5.			10.			
Has the de	evelopment already started?		•	X Yes No		
If Yes, ple	ase state when the development started (DD/N	MM/YYYY):		24/10/2023 (date must be pre-application submission)		
Has the de	Has the development been completed? X Yes No					
If Yes, please state when the development was completed (DD/MM/YYYY): 31/10/2023 (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: 23.11.23 RS72 23-05-022-205 REV B PROPOSED SITE AND LOCATION PLAN						
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 th 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: X or in	original and 3 copies* of other plans and drawings nformation necessary to describe the subject of the application:		
The correct fee:			
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronical LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pl	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 tinformation. I/we confirm that, to the best of my/our knowledge, angenuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the		
Signed - Applicant:	Or signed - Agent:		
Date (DD/MM/YYYY):			
(date cannot be pre-application)			
10. Applicant Contact Details	11. Agent Contact Details		
Telephone numbers	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):		
Tax number (optional).	Tax number (optional).		
Email address (optional):	Email address (optional):		
12. Site Visit			
Can the site be seen from a public road, public footpath, bridleway o	or other public land?		
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the		
If Other has been selected, please provide:	✓ Applicant agent/applicant's details)		
Contact name:	Telephone number:		

Email address: