Planning Development Management, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND

Tel: 0345 678 9004

Email: customer.service@shropshire.gov.uk

www.shropshire.gov.uk/planning



Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

## 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.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Applicant Name and Address						
Title:	Mrs	First name:	Rebecca			
Last name: Purslow						
Company (optional):						
Unit:	House House suffix:					
House name:	Glannant					
Address 1:	Little London Lane					
Address 2:	Trefonen					
Address 3:						
Town:	Oswestry					
County:	Shropshire					
Country:	England					
Postcode:	SY10 9DH					

2. Agent Name and Address							
Title:	First name:						
Last name:							
Company (optional):							
Unit:	House number: House suffix:						
House name:							
Address 1:							
Address 2:							
Address 3:							
Town:							
County:							
Country:							
Postcode:							

3. Site A	ddress Details	)		Pre-application Advice		
Please pro	vide the full postal address of the app			assistance or prior advice been sought from the local nority about this application?		
Unit:	House number:	House suffix:	datilo	nority about this application? Yes X No		
House name:	As above		you w	es, please complete the following information about the advice were given. (This will help the authority to deal with this		
Address 1:			Please	lication more efficiently). ase tick if the full contact details are not		
Address 2:				wn, and then complete as much as possible:		
Address 3:			Office	cer name:		
Town:			Refer	erence:		
County:						
Postcode (optional):	SY10 9DH		(must	Date (DD/MM/YYYY):		
Description (must be c	n of location or a grid reference. ompleted if postcode is not known):			st be pre-application submission) ails of pre-application advice received?		
Easting:	Northing:					
Descriptio	n:					
5. Descr	iption Of Your Proposal	_				
Please pro and date of	ovide a description of the approved d f decision in the sections below:	evelopment as showr	on the	ne decision letter, including the application reference number		
				v openings/windows, erection of the proposed		
	to the front elevation, extern h new warm roof finished wit			the walls, replacing the existing fibreglass flat		
				(Data months are smallestica		
Reference	number: 22/02684/FUL te the condition number(s) to which t	Date of decision:	17.10	submission) (DD/MM/YYYY)		
	ndition 5 - photographs of installed bat and bit	1.1	6.			
pre	e-commencements checks undertaken		7.			
Co	ndition 6 - a minimum of 3 roosting opportunitindition 7 - bird boxes erected on site	es				
3.			8.			
4.			9.			
5.			10.			
Has the de	evelopment already started?			Yes No (Works that do not require PP have begun)		
If Yes, ple	ase state when the development start	ed (DD/MM/YYYY):		01.02.2023 (date must be pre-application submission)		
Has the de	evelopment been completed?			X Yes No		
If Yes, ple	ase state when the development was	completed (DD/MM/Y	(YYY):	(date must be pre-application submission)		
6. Disch	arge Of Condition					
Please provide a full description and/or list of the materials/details that are being submitted for approval:						
	•	xes is attached.	Also a	attached is the bat licence return which details th		
precom	mencement checks.					
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:						

	ke sure you have sent all the oplication being deemed inv	e information in support of your proposal. Failure to submit all alid. It will not be considered valid until all information required by				
The original and 3 copies of a completed and dated application form:	The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:					
The correct fee:	X (paid online payment ref 6659065460)					
information. I/we confrm that, to the best genuine opinions of the person(s) giving  Signed - Applicant:  REBECCA PURSLOW  Date (DD/MM/YYYY):	of my/our knowledge, any f	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the  Or signed - Agent:				
(date cal	inot be pre-application)					
Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):	Extension number:	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,		r other public land? X Yes No				
the planning authority needs to make an appointment to carry but a site visit, whom should they contact? (Please select only one)  Agent  Applicant  Applicant  Other (if diferent from the agent/applicant's details)  Other has been selected, please provide:						

Telephone number:

Contact name:

Email address: