

This form is specifically designed to be printed and completed offline.
Please complete this form in block capitals using black ink to facilitate scanning.

You are advised to read the accompanying guidance notes and per-question help text.

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Application for Planning Permission

Town and Country Planning Act 1990 (as amended)

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 Services

Town Hall, Station Road, Clacton-on-Sea, Essex, CO15 1SE

Email: planning.services@tendringdc.gov.uk

Website: www.tendringdc.gov.uk Telephone: 01255 686161

Publication on Local 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.

1. Applicant Name and Address							
Title:	Mr	First name:	Festus				
Last name:	Efele						
Company (optional):							
Unit:		House number:	23 House suffix:				
House name:							
Address 1:	Address 1: 23 Beach Road						
Address 2:							
Address 3:							
Town:	Clacton-o	on-Sea					
County:	Essex						
Country:	United K	ingdom					
Postcode:	CO15 1L	JF					

2. Agent	Name and	d 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. Description of the Proposal								
Please describe the proposed development, including any change of use:								
Conversion of existing dwelling into 1 x 2 bedroom flat, 1 x 1 bedroom flat and conversion of existing outbuilding into studio/office.								
Initial works to refurbish whole house after purchas recently decided to split house into flats	e in May 2023 has been completed, but I've now							
Has the building, work or change of use already started?	✓ Yes No							
If Yes, please state the date when building, work or use were started (DD/MM/YYYY):	8th of May 2023 (date must be pre-application submission)							
Has the building, work or change of use been completed?	Yes No							
If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY):	(date must be pre-application submission)							
Reference number of permission in principle being relied on (technical details consent applications only):								
Is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)?	☐ Yes ✓ No							
A. Site Address Details Please provide the full postal address of the application site. Unit: House number: Suffix: House suffix: House name: Address 1: 23 Beach Road Address 2: Address 3: Town: Clacton-on-Sea County: United Kingdom Postcode (optional): CO15 1UF Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Description: Mid terrace house with front and rear garden	S. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application?							

6. Pedestrian and Vehicle Access, Road	ls and Right	ts of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway?	Yes	✓ No	Do the plans incorporate areas to store and aid the collection of waste? Yes No
Is a new or altered pedestrian access proposed to or from			If Yes, please provide details:
the public highway?	Yes	✓ No	The existing waste storage and collection is at the
Are there any new public roads to be provided within the site?	Yes	✓ No	front garden in front of house. This same area will accomodate another set of bins for waste storage and collection
Are there any new public rights of way to be provided within or adjacent to the site?	Yes	✓ No	
Do the proposals require any diversions /extinguishments and/or creation of rights of way?	Yes	No	Have arrangements been made for the separate storage and collection of recyclable waste? Yes Volume
If you answered Yes to any of the above que details on your plans/drawings and state the (s)/drawings(s)	stions, please reference of	e show f the plan	If Yes, please provide details:
]	
	enough that	a fair-minde	n and transparent. For the purposes of this question, "related to" ed and informed observer, having considered the facts, would local planning authority.
Do any of the following statements apply to	you and/or a	ngent?	Yes No With respect to the authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member
If Yes, please provide details of their name, r	ole and how	you are rela	

9. Materials f applicable, please state what materials are to be used externally. Include type, colour and name for each material:								
	Existing (where applicable		<u> </u>	Proposed			Don't Know	
Walls						V		
Roof						\checkmark		
Windows						\checkmark		
Doors						V		
Boundary treatments (e.g. fences, walls)						✓		
Vehicle access and hard-standing						V		
Lighting						V		
Others (please specify)								
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes Yes No If Yes, please state references for the plan(s)/drawing(s)/design and access statement:								
10. Vehicle Parkin	<u> </u>							
				n-site parking spaces:	Difference			
Type of Vehic	Type of Vehicle Total Existing		Tota	Total proposed (including spaces retained)		<u> </u>		
Cars Light goods vehi	Cars 2 Light goods vehicles/			2	0			
public carrier veh Motorcycles	nicles							
Disability spac								
Cycle spaces								
Other (e.g. Bu								

Other (e.g. Bus)

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the
✓ Mains sewer	Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes V No
	If Yes, you will need to submit a Flood Risk Assessment to consider
Package treatment plant	the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes Volume
If Yes, please include the details of the existing system on the application drawings and state references for the	Will the proposal increase the flood risk elsewhere?
plan(s)/drawing(s):	How will surface water be disposed of?
	Sustainable drainage system
	Soakaway Pond/lake
	Main sewer
12. Dis diversity and Cools sign! Consequention	14 Eviation Has
13. Biodiversity and Geological Conservation	14. Existing Use Please describe the current use of the site:
To assist in answering the following questions refer to the guidance	
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.	The dwelling is currently a 4 bedroom house with 2 bathrooms, 1 kitchen, with an outbuilding
Having referred to the guidance notes, is there a reasonable	Is the site currently vacant? Yes No
likelihood of the following being affected adversely or conserved	· · · · · · · · · · · · · · · · · ·
and enhanced within the application site, or on land adjacent to or near the application site?	If Yes, please describe the last use of the site:
a) Protected and priority species: Yes, on the development site	
Yes, on land adjacent to or near the proposed development	
✓ No	When did this use end (if known)? DD/MM/YYYY 05/05/2023
b) Designated sites, important habitats or other biodiversity	DD/MM/YYYY 05/05/2023 (date where known may be approximate)
features:	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination
Yes, on the development site	assessment with your application.
Yes, on land adjacent to or near the proposed development No	Land which is known to be contaminated? Yes Vo
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site? Yes No
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development	be particularly vulnerable
▼ No	to the presence of contamination?
	Co. Turk Efflored
15. Trees and Hedges Are there trees or hedges on the	16. Trade Effluent Does the proposal involve the need to
proposed development site? Yes V No	dispose of trade effluents or waste?
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
development or might be important as part	or trade efficients of waste
of the local landscape character? Yes Mo If Yes to either or both of the above, you may need to provide a full	
Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be	
submitted alongside your application. Your local planning authority should make clear on its website what the survey should	
contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'	

	Propos	ed	Hous	ina					Existi	na I	Hous	ina			
Market	Not	- Cu			Bedr	ooms	Total	Market	Not	9 .	Numl		Bedr	ooms	Total
Housing	known	1	2	3	4+	Unknown	-	Housing	known	1	2	3	4+	Unknown	
Houses							а	Houses	\square				/		4
Flats/maisonettes	\square				/		4	Flats/maisonettes							Ь
Sheltered housing							С	Sheltered housing							С
Bedsit/studios							d	Bedsit/studios							d
Cluster flats							е	Cluster flats							е
Other							f	Other							f
		То	tals (c	ı + b +	c + a	(1+e+f)=	Α			То	tals (a	ı + b +	c + d	(+e+f)=	F
Social, Affordable	Not		Numl	oer of	Bedr	ooms	Total	Social, Affordable	Not		Numl	oer of	Bedr	ooms	Tota
or Intermediate Rent	Not known	1	2	3	4+	Unknown		or Intermediate Rent	Not known	1	2	3	1	Unknown	-
Houses	\top						а	Houses							а
Flats/maisonettes							Ь	Flats/maisonettes							Ь
Sheltered housing							С	Sheltered housing	$+\overline{\Box}$						С
Bedsit/studios							d	Bedsit/studios							d
Cluster flats							е	Cluster flats							e
Other							f	Other	$+$ $\frac{1}{\Box}$						f
Other		To	tals (a	l l + b +	· c + a	 + e + f) =	В	Other		To	tals (a	ı + b +	- c + d	' + e + f) =	G
A44	Totals $(a+b+c+d+e+f) =$ dable Home Not Number of Bedrooms			Total	A#					Tota					
Affordable Home Ownership	Not known	1	2	3	4+	Unknown		Affordable Home Ownership	Not known	1	2	3		Unknown	
Houses							а	Houses							а
Flats/maisonettes							b	Flats/maisonettes							Ь
Sheltered housing							С	Sheltered housing							С
Bedsit/studios							d	Bedsit/studios							d
Cluster flats							е	Cluster flats							е
Other							f	Other							f
	'	То	tals (a	+ b +	c + a	1 + e + f) =	C		'	То	tals (a	ı + b +	- c + d	(+e+f)=	Н
Starter Homes	Not known	1	Numl 2	oer of	Bedr 4+	ooms Unknown	Total	Starter Homes	Not known	1	Numl 2	oer of		ooms Unknown	Tota
Houses							а	Houses							а
Flats/maisonettes							Ь	Flats/maisonettes							Ь
Bedsit/studios							С	Bedsit/studios							С
Other							d	Other							d
			To	tals (a + b	+c+d)=	D				To	tals (ía + b	+c+d)=	/
Self Build and	Not		1			ooms	Total	Self Build and	Not		Numl	1			Tota
Custom Build Houses	known	1	2	3	4+	Unknown		Custom Build Houses	known	1	2	3	4+	Unknown	
Flats/maisonettes							a b								a
Bedsit/studios								Flats/maisonettes Bedsit/studios	$+$ \vdash \vdash				-	-	6
טכעאוע אנעטוטאַ							c d	Other	$+ \vdash \vdash$					-	C d
Other			1		<u> </u>	1	U	Julei					1		u
Other			т.	4 -1- /	a 1 L	+ c + d) =	-				T -	- احد	(a . L	+ c + d) =	

Use class/type of use Solops		✓ No					
Shops	ng table: Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)					
A2 Financial and professional services							
A3 Restaurants and cafes							
Restaurants and cafes							
A5 Hot food takeaways B1 (a) Office (other than A2) B1 (b) Research and development B1 (c) Light industrial B2 General industrial B8 Storage or distribution C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure OTHER Please Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicated applicable C1 Hotels C2 Residential institutions D2 Assembly and leisure OTHER Please Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicated applicable C1 Hotels C2 Residential institutions OTHER Please complete the following information regarding employees: Full-time Existing employees Proposed employees							
B1 (a) Office (other than A2)							
B1 (b) Research and development							
B1 (c) Light industrial							
B1 (c) Light industrial							
B8 Storage or distribution							
C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure OTHER Please Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicated applicable of use or demolition C1 Hotels C2 Residential Institutions C1 Hotels C2 Residential Institutions Please complete the following information regarding employees: Full-time Part-time Existing employees Proposed employees Proposed employees Proposed employees O. Hours of Opening Known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed employees.							
C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure OTHER Please Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicated applicable of use or demolition C1 Hotels C2 Residential Institutions C1 Hotels C2 Residential Institutions C3 Residential Institutions C4 Residential Institutions C5 Residential Institutions C6 Residential Institutions C7 Residential Institutions C8 Please Institutions C9 Plea							
C2 Residential institutions							
In addition, for hotels, residential institutions and hostels, please additionally indicated by the second control of the second c							
OTHER Please Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicar Use class Type of use applicable of use or demolition C1 Hotels C2 Residential Institutions OTHER Please Specify Please complete the following information regarding employees: Full-time Part-time Existing employees Proposed employees Proposed employees O. Hours of Opening f known, please state the hours of opening (e.g. 15:30) for each non-residential use pro							
Please Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicated applicable of use or demolition C1 Hotels C2 Residential Institutions C1 Hotels C3 Residential Institutions C4 Please Specify C5 Please Specify C6 Please Specify C7 Residential Institutions C8 Please Specify C9 Please Complete the following information regarding employees: Full-time Part-time Existing employees Proposed employees Proposed employees Proposed state the hours of opening (e.g. 15:30) for each non-residential use proposed for the proposed entries of the propo							
In addition, for hotels, residential institutions and hostels, please additionally indicated applicable. Use class Type of use applicable of use or demolition. C1 Hotels C2 Residential Institutions C3 Institutions C4 Institutions C5 Institutions C6 Institutions C7 Institutions C7 Institutions C7 Institutions C7 Institutions C7 Institutions C7 Institutions C8 Institutions C9 Ins							
In addition, for hotels, residential institutions and hostels, please additionally indicated applicable. Type of use applicable applicable of use or demolition. C1 Hotels Bresidential Institutions and hostels, please additionally indicated applicable. C2 Residential Institutions Bresidential Institut							
Use class Type of use applicable of use or demolition C1 Hotels C2 Residential Institutions C1 Hotels C3 Residential Please ppecify C4 Please Please Complete the following information regarding employees: Full-time Existing employees Proposed employees Proposed employees Full-time Existing employees Proposed employees Proposed employees Full-time Existing employees Proposed employees Proposed employees Full-time Existing employees Proposed employees Proposed employees Full-time Part-time Existing employees Proposed employees Proposed employees							
class Type of use applicable of use or demolition change C1 Hotels	icate the loss or gain of	rooms					
C2 Residential Institutions OTHER	s proposed (including anges of use)	Net additional rooms					
Please specify 9. Employment Please complete the following information regarding employees: Full-time Part-time Existing employees Proposed employees O. Hours of Opening f known, please state the hours of opening (e.g. 15:30) for each non-residential use pro							
Please pecify 9. Employment Please complete the following information regarding employees: Full-time Existing employees Proposed employees O. Hours of Opening Known, please state the hours of opening (e.g. 15:30) for each non-residential use pro							
9. Employment Please complete the following information regarding employees: Full-time Existing employees Proposed employees O. Hours of Opening f known, please state the hours of opening (e.g. 15:30) for each non-residential use pro							
Please complete the following information regarding employees: Full-time Part-time Existing employees Proposed employees O. Hours of Opening f known, please state the hours of opening (e.g. 15:30) for each non-residential use pro							
Full-time Part-time Existing employees Proposed employees O. Hours of Opening f known, please state the hours of opening (e.g. 15:30) for each non-residential use pro							
Proposed employees O. Hours of Opening f known, please state the hours of opening (e.g. 15:30) for each non-residential use pro		al full-time					
O. Hours of Opening f known, please state the hours of opening (e.g. 15:30) for each non-residential use pro	Existing employees equivalent						
f known, please state the hours of opening (e.g. 15:30) for each non-residential use pro							
Use Monday to Friday Saturday							
	Sunday and Bank Holidays	Not known					

22. Industrial or Commercial Processes and Machinery						
Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:						
Is the proposal a waste management develo	pmer	nt? Yes	No			
If the answer is Yes, please complete the foll	owing	g table:				
	Not applicable	The total capa including engin allowance for tonnes if solid	city of the void in eering surcharge cover or restoration d waste or litres if	and making on material (no throughput in tonnes	
Inert landfill						
Non-hazardous landfill						
Hazardous landfill						
Energy from waste incineration						
Other incineration						
Landfill gas generation plant						
Pyrolysis/gasification						
Metal recycling site						
Transfer stations						
Material recovery/recycling facilities (MRFs)						
Household civic amenity sites						
Open windrow composting						
In-vessel composting						
Anaerobic digestion						
Any combined mechanical, biological and/ or thermal treatment (MBT)						
Sewage treatment works						
Other treatment Recycling facilities construction, demolition and excavation waste						
Storage of waste						
Other waste management						
Other developments						
Please provide the maximum annual operation	ional i	 throughput of the	e following waste	streams:		
Municipal						
Construction, demolition and e	xcava	ation				
Commercial and industi	rial					
Hazardous						
If this is a landfill application you will need to planning authority should make clear what	o pro inforr	vide further infori nation it requires	nation before you on its website.	ır applicatio	n can be determined. Your waste	
23. Hazardous Substances					_	
Does the proposal involve the use or storage the following materials in the quantities stat			✓ No	☐ Not ap	plicable	
If Yes, please provide the amount of each su			d:			
Acrylonitrile (tonnes)	E	thylene oxide (to	nnes)		Phosgene (tonnes)	
Ammonia (tonnes)	Hydi	ogen cyanide (to	nnes)		Sulphur dioxide (tonnes)	
Bromine (tonnes)	I	_iquid oxygen (to	nnes)		Flour (tonnes)	
Chlorine (tonnes) Lic	quid p	petroleum gas (to	nnes)	Re	fined white sugar (tonnes)	
Other:			Other:			
Amount (tonnes):			Amount (ton	nes):		

24. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form **CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 | certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the

owner* of any part of the land or buildin is part of, an agricultural holding**	g to which the application relates, and that none of the la	and to which the application relates is, or
NOTE: You should sign Certificate B, C application relates but the land is, or i	or D, as appropriate, if you are the sole owner of the l s part of, an agricultural holding.	and or building to which the
	st or leasehold interest with at least 7 years left to run. given by reference to the definition of "agricultural tenant" i	n section 65(8) of the Act.
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
j.		23/11/2023
I certify/ The applicant certifies that I ha 21 days before the date of this applicati application relates. * "owner" is a person with a freehold intere	velopment Management Procedure) (England) Order ve/the applicant has given the requisite notice to everyon, was the owner* and/or agricultural tenant** of any stor leasehold interest with at least 7 years left to run. iven in section 65(8) of the Town and Country Planning Act	one else (as listed below) who, on the da part of the land or building to which thi
Name of Owner / Agricultural Tenant	Address	Date Notice Served

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		A 20

24. Ownership Certificates and Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. st "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: Name of Owner / Agricultural Tenant **Date Notice Served** Address Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Date (DD/MM/YYYY): Signed - Applicant: Or signed - Agent: **CERTIFICATE OF OWNERSHIP - CERTIFICATE D** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that:

Certificate A cannot be issued for this application

All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

The steps taken were:	en in section 65(6) of the Town and Count	ry Flatilling Act 1990
Notice of the application has been publis (circulating in the area where the land is s	On the following date (which must not be earlier than 21 days before the date of the application):	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

25. Planning Application Requirements - Checklist	
Please read the following checklist to make sure you have sent all the 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:	The correct fee: $\slash\hspace{-0.4cm} igsim$
The original and 3 copies* of the plan which identifies the land	The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details):
and showing the direction of North:	The original and 3 copies* of a fire statement, if required (see help text and guidance notes for details):
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application.	The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their planning Portal's accredited su	y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick). anning department to discuss these options.
rians can be bought from one of the Framming Fortal's accredited su	ppliers. https://www.piariningportal.co.uk/buyapiariningmap
26. Declaration I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent:	y facts stated are true and accurate and any opinions given are the
27. Applicant Contact Details	28. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Extension Country code: National number: number:
+44	
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
29. 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? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	2
Contact name:	Telephone number:

Email address: