

Householder Application for Planning Permission for works or extension to a dwelling.
Town and Country Planning Act 1990

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website. If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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.

1. Applicant name and address

Title: First name:

Last Name:

Company:

Unit: House number House suffix

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Post Code:

2. Agent name and address

Title: First name:

Last Name:

Company:

Unit: House name House suffix

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Post Code:

3. Description of proposed works

Please describe the proposed works

PROPOSED TWO STOREY REAR EXTENSION AND A SINGLE STOREY FRONT EXTENSION.

3. Description of Proposed Works (continued)

Has the work already started? Yes No

If Yes, please state when the work was started (DD/MM/YYYY):

Has the work been completed? Yes No

If Yes, please state when the work was started (DD/MM/YYYY):

4. Site address details

Unit: House number House suffix

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Post Code:

5. Pedestrian and Vehicle Access, Roads and Rights of way

Is a new or altered vehicle access proposed to or from the public highway? Yes No

Is a new or altered pedestrian access proposed to or from the public highway? Yes No

Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No

If Yes to any questions, please show details on your plans or drawings and state the reference number of the plans/drawings

6. Pre-application advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

If Yes, please complete the following information about the advice you were given. (This will help the Authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name:

Reference:

Date (DD/MM/YYYY):
(must be -application submission)

Details of the pre-application advice received:

7. Trees and hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your boundary? Yes No

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings

Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No

If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.

8. Parking

Will the proposal effect existing car parking arrangements? Yes No

If Yes, please describe:

9. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the Council? Yes No

If Yes, please provide details:

10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material

	Existing (where applicable)	Proposed	Not applicable	Don't know	Drawing references if applicable
Walls	FACING BRICK AND TIMBER CLADDING	FACING BRICK TO MATCH EXISTING DWELLING AND K RENDER	<input type="checkbox"/>	<input type="checkbox"/>	
Roof	A PITCHED ROOF AND A FELT FLAT ROOF	PITCHED TILED ROOFS TO EXTENSIONS	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	PVC	PVC TO MATCH EXISTING DWELLING	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	PVC	PVC TO MATCH EXISTING DWELLING	<input type="checkbox"/>	<input type="checkbox"/>	
Boundary treatments (e.g. fences, walls)	EXISTING	EXISTING	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle access and hard-standing	EXISTING	EXISTING	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	N/A	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)	N/A	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Are you supplying additional information on submitted plan(s)/drawing(s)/ design and access statements?
If Yes Please state references for the plan(s)/drawing(s)/ design and access statements.

Yes No

- 989/1 - Existing Elevations
- 989/2 - Existing Plans
- 989/3 - Proposed Elevations
- 989/4 - Proposed Plans
- Location Plan
- Block plan

11. Certificates

One certificate A, B,C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form.

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (General development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/the applicant was the owner(owner is the person with a freehold interest with at least 7years left to run) of any part of the land or building to which the application relates.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

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AGRICULTURAL HOLDINGS CERTIFICATE

Town and Country Planning (General development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You must complete either A or B

(A) None of the land to which the application relates is, or is part, of an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

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12. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

<p>The original and three copies of a completed and dated application form <input type="checkbox"/></p> <p>The original and three copies of a plan which identifies the land to which the application relates, drawn to an identified scale and showing the direction North <input type="checkbox"/></p> <p>The original and three copies of other plans and drawings or information necessary to describe the subject of the application. <input type="checkbox"/></p>	<p>The original and three copies of a design and access statement where proposed works fall within one of the following designated areas: <input type="checkbox"/></p> <ul style="list-style-type: none">- National Park- Site of specific scientific interest- Conservation area- Area of outstanding natural beauty- World heritage site	<p>The correct fee. <input type="checkbox"/></p> <p>The original and three copies of the completed, dated Article 7 Certificate (Agricultural Holdings) : <input type="checkbox"/></p> <p>The original and three copies of the completed, dated Ownership Certificate (A,B,C or D - as applicable): <input type="checkbox"/></p>
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13. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

(date cannot be pre- application)

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14. Applicant contact details

Telephone numbers

Country code: National number: Extension number:

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Country code: Mobile number (optional):

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Country code: Fax number (optional):

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Email address (optional):

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15. Agent contact details

Telephone numbers

Country code: National number: Extension number:

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Country code: Mobile number (optional):

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Country code: Fax number (optional):

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Email address (optional):

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16. 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:

Contact name:

Fax number (optional):

<input type="text"/>	<input type="text"/>
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Email address (optional):

<input type="text"/>
