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

First name: KIMBERUEY

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.

1. Applicant Name and Address

Title:

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

2. Agent Name and Address

First name: ROBERT

Last name:	ROKER	Last name:	HARWARD		
Company (optional):		Company (optional):			
Unit:	House number: 5 House suffix:	Unit:	House number: Ga House suffix:		
House name:		House name:	SUNNYSIDE		
Address 1:	SOUTH VIEW COTTAGES	Address 1:	READING ROATS		
Address 2:	NEUNHAM ROAD	Address 2:			
Address 3:		Address 3:			
Town;	HOOK	Town:	BLACKWATER		
County:	-HANTS	County:	HANTS		
Country:		Country:			
Postcode:	RG28918	Postcode:	GUITORD		
3. Descri	iption of Proposed Works				
Please desc	ribe the proposed works:				
G	ROYND FLOOR REAR EX	TENSIC	SN PLUS		
	PORCH TO FRONT R				
VORGI 10 TROIS DOOR					
			5Date:: 2015-04-02 #\$ \$RevIsion: 6149 \$		

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access proposed to or from the public highway? Yes No
Unit: House number: 5 House suffix:	proposed to or from the public highway? Yes No
House name:	proposed to or from the public highway? Yes No
Address 1: SOUTH VIEW COTTAGES	Do the proposals require any diversions, extinguishments and/or creation of public
Address 2: NEWHAM ROAD	rights of way? Yes No
Address 3:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town: HOOK	
County: - HANTS	
Postcode (optional): R6289LS	
6. Pre-application Advice	7. Trees and Hedges
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 possible: Officer name:	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Reference:	MGH
	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY): (must be pre-application submission)	order to carry out your proposal? If Yes, please show on your plans which trees by giving them
Details of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/
	drawing(s) and indicate the scale.
8. Parking	9. Authority Employee / Member
Will the proposed works affect existing car parking arrangements?	With respect to the Authority, I am: (a) a member of staff Do any of these
If Yes, please describe:	(b) an elected member statements apply to you?
	(c) related to a member of staff (d) related to an elected member
	If Yes, please provide details of the name, relationship and role
	PISTRICI COUNCIL

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	RED STOCK BRICKS	REDSTOCK BRICKS		
Roof	RED CLAY TILES	RED CLAY TILES		
Windows	WHITE URC	WHITE URVC		
Doors	W00P	Compositie		
Boundary treatments (e.g. fences, walls)	FEATHERBOARD FENCING	FEATHERBOARD FENCING		
Vehicle access and hard-standing	NONE	NONE		
Lighting	N.A.	N.A.		
Others (please specify)				
	tional information on submitted plan(s)/drawing ences for the plan(s)/drawing(s)/design and acce	- Indiana in the control of the cont		No

11. 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 ft/The applicant certifies that on the day 21 days before the date of this application pobody except myself the applicant was the

owner* of any part of the land or building is part of, an agricultural holding**	to which the application relates, and that none of the land to	which the application relates is, or
NOTE: You should sign Certificate B, C o application relates but the land is, or is	r D, as appropriate, if you are the sole owner of the land o part of, an agricultural holding.	or building to which the
* "owner" is a person with a freehold interest ** "agricultural holding" has the meaning gi	or leasehold interest with at least 7 years left to run. ven by reference to the definition of "agricultural tenant" in secti	ion 65(8) of the Act.
Signed - Applicant:		Date (DD/MM/YYYY):
		16HMON 9093
21 days before the date of this application application relates. * "owner" is a person with a freehold interest ** "agricultural tenant" has the meaning giv	e/the applicant has given the requisite notice to everyone elem, was the owner* and/or agricultural tenant** of any part of or leasehold interest with at least 7 years left to run. en in section 65(8) of the Town and Country Planning Act 1990	of the land or building to which this
Name of Owner / Agricultural Tenant	Address	Date Notice Served
	-/	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

Town and Country Planning (Develope I certify/ The applicant certifies that: Neither Certificate A or B can be issued All reasonable steps have been taken to the land or building, or of a part of it, be "owner" is a person with a freehold interest or let "agricultural tenant" has the meaning given in The steps taken were:	errifica ment Ma d for this a to find ou but I have asehold in	TE OF OWNERSHIP - CERT nagement Procedure) (En application t the names and addresses / the applicant has been un nterest with at least 7 years le	IFICA gland of the able to	TE C I) Order 2015 Certificate other owners* and/or ago o do so. in.	
Name of Owner / Agricultural Tenant		Address			Date Notice Served
					,
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated): On the following date (what the days before the			the following date (which n 21 days before the date	nich must not be earlier ate of the application):	
Signed - Applicant:		Or signed - Agent:			Date (DD/MM/YYYY):
Town and Country Planning (Developm I certify/ The applicant certifies that: Certificate A cannot be issued for this applicant and the date of this application, was the owner have/ the applicant has been unable to ""owner" is a person with a freehold interest or lead ""agricultural tenant" has the meaning given in so The steps taken were:	pplication of find out and/ora do so. usehold in	the names and addresses of agricultural tenant** of any terest with at least 7 years left	of ever part o	yone else who, on the da of the land to which this a n.	y 21 days before the
Nation of the condition has been been believed:	41 . 6 . 11			Al of House Land Land	
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):			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):
12 Planning Application Possissmen	nte Ch	- chilist			
12. Planning Application Requirement Please read the following checklist to make sure information required will result in your application the Local Planning Authority has been submitted.	e you hav ion being	e sent all the information in	supp be co	ort of your proposal. Fail nsidered valid until all inf	ure to submit all formation required by
The original and 3 copies of a completed and dated application form:	design	iginal and 3 copies of a and access statement if sed works fall within a		The correct fee:	Q
The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	conser World	vation area or Heritage Site, or relate to a Building:		The original and 3 co completed, dated Ow Certificate (A, B, C or I applicable) and Artici Certificate (Agricultur	vnership D – as le 14 /

13. Declaration	
I/we hereby apply for planning permission/consent as described in t information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.	this form and the accompanying plans/drawings and additional by facts stated are true and accurate and any opinions given are the
Signed - Applicant:	Date (DD/MM/YYYY):
	Molt Nov 2023 (date cannot be pre-application
14. Applicant Contact Details	15. 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):
Email address (optional):	Email address (optional):
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway of	or other public land? Yes Yo
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:	Telephone number:
Email address:	