



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

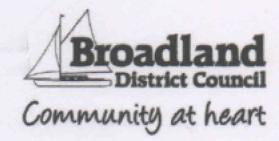
Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their obligations in regards to the processing of your application. Please refer to their website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:

The Horizon Centre Broadland Business Park Peachman Way Norwich NR7 0WF

- www.southnorfolkandbroadland.gov.uk
- planning@southnorfolkandbrpadland.gov.uk

U 01603 430509



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 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.

Applicant Name and Address				
Title:	MR First name: ALAN			
Last name:	BUSHELL			
Company (optional):				
Unit:	House number: 17 House suffix:			
House name:				
Address 1:	dress 1: CORNCE CANE			
Address 2:	HORSFORD			
Address 3:				
Town:				
County:				
Country:				
Postcode:	NR10 369.			

2. Agent Name and Address				
Title:	Me First name: JOHN			
Last name:	SPONCER			
Company (optional):				
Unit:	House number: House suffix:			
House name:	MEGNUM HOUSE			
Address 1:	DEOPHAM GREEN			
Address 2:				
Address 3:				
Town:	WYMENDHOM			
County:				
Country:				
Postcode:	N218 9DQ			

3. Description of Proposed Works	
Please describe the proposed works:	
SINGLE STOREY EXPONSION TO BACK &	A TIM) INZUDINA :
ROMENTE OF SWESTERKS	
RE-BUGNMENT OF FRONT ROOF	
er-sugament of pront erop instruction of the new windows representation porch erop.	
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
Unit: House number: IS House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes No Do the proposals require any diversions,
Address 1: CORNER LANE	extinguishments and/or creation of public rights of way?
Address 2: HORS FORD	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town:	
County:	
Postcode (optional): NR10 3AG.	
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	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? Yes
you were given. (This will help the authority to deal with this	If Yes, please mark their position on a scaled
application more efficiently). Please tick if the full contact details are not	plan and state the reference number of any plans or drawings:
known, and then complete as much possible:	
Officer name:	
Deference	
Reference:	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY):	order to carry out your proposal? Yes No
(must be pre-application submission) Details of the pre-application advice received:	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.

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	s affect existing car parking arrangements?	Yes 🗸 N	lo .		
If Yes, please describe:					
means related, by birth	oyee / Member ple of decision-making that the process is open or otherwise, closely enough that a fair minded s bias on the part of the decision-maker in the lo	and informed ob	server, having considered the facts		
Do any of the following	statements apply to you and/or agent? Ye	s No	With respect to the authority, I and (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 d	etails of their name, role and how you are relate	ed to them.			
10. Materials	te what materials are to be used externally. Incl	ude type, colour :	and name for each material:		
	Existing (where applicable)	Proposed		Not applicable	Don't Know
Walls	PSINTES BEICKWORK	FALE	BRICKWORK		-
Roof	PANTILE	Part	ILCS		
Windows	WHITE Prev	white	prev.		
Doors					
Boundary treatments (e.g. fences, walls)					

10. Materials If applicable, please state	what materials are to be used externally. Include type, colour and name for each material:	
Vehicle access and hard-standing		
Lighting		
Others (please specify)		
	onal information on submitted plan(s)/drawing(s)/design and access statement? Yes oces for the plan(s)/drawing(s)/design and access statement: o(0/23/1 o(0/23/2 o(0/23/4	No

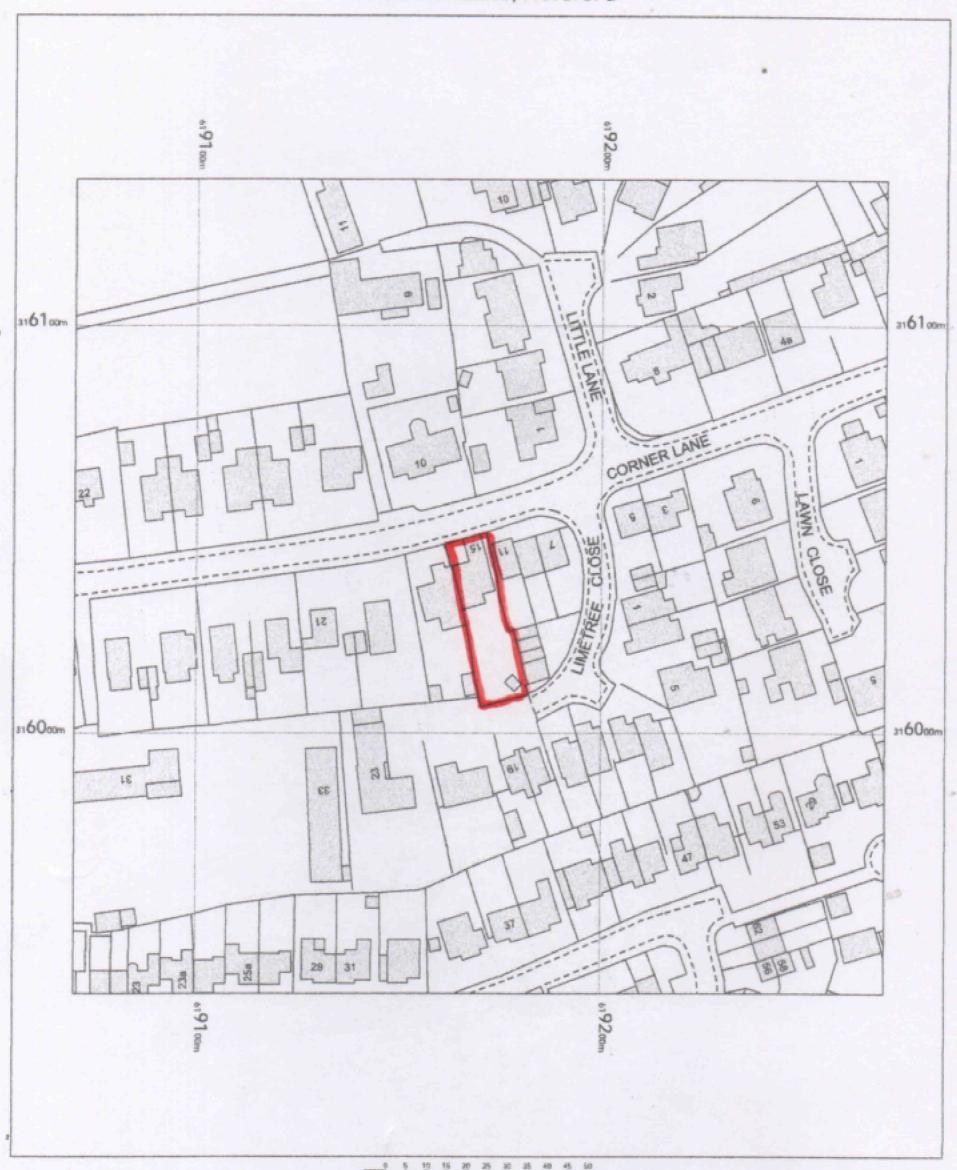
11. Ownership Certificates and Agricultural Land Declaration One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding* NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** *agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant: 18.12.23 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) 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 or building to which this application relates. "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 **Date Notice Served** Name of Owner / Agricultural Tenant Address

Or signed - Agent:

Signed - Applicant:

Date (DD/MM/YYYY):

2 Dianning Application Dogui	romante Charklist			
2. Planning Application Requi lease read the following checklist to ma nformation required will result in your a ne Local Planning Authority (LPA) has b	ake sure you have sent all th application being deemed in	e information in sup valid. It will not be	pport of your proposal. Fail considered valid until all in	lure to submit all formation required by
he original and 3 copies* of a ompleted and dated application form:	The original and 3 design and access	statement if	The correct fee:	SY PHONE
he original and 3 copies* of a plan which dentifies the land to which the application elates drawn to an identified scale and showing the direction of North:	proposed works fa conservation area World Heritage Sit Listed Building:	or	The original and 3 co completed, dated Ov Certificate (A, B, C or applicable) and Artic Certificate (Agricultu	pples* of the wnership D – as le 14
he original and 3 copies* of other plans nd drawings or information necessary t escribe the subject of the application:	io 🗵			
National legislation specifies that the a otal of four copies), unless the applicati PAs may also accept supporting docum ou can check your LPA's website for inf	nents in electronic format by	post (for example,	on a CD, DVD or USB memo	orting documents (a f copies is required. ory stick).
3. Declaration we hereby apply for planning permissinformation. I/we confirm that, to the be enuine opinions of the person(s) giving	est of my/our knowledge, an	his form and the ac y facts stated are tru	companying plans/drawing ue and accurate and any op	gs and additional linions given are the
Signed - Applicant:	Or signed - Agent		Date (DD/MM	
			18.17.3	(date cannot be pre-application
4. Applicant Contact Details		15. Agent Co	ontact Details	
elephone numbers		Telephone num	bers	
Country code: National number:	Extension number:	Country code:	National number:	Extension number:
Country code: Mobile number (option	nal):	Country code:	Mobile number (optional)	:
Country code: Fax number (optional)		Country code:	Fax number (optional):	
Email address (optional):		Email address (c	pptional):	
6. Site Visit				
an the site be seen from a public road,	public footpath, bridleway o	r other public land	Yes No	25
the planning authority needs to make ut a site visit, whom should they contact	an appointment to carry	Agent	□ Applicant □ Otl	her (if different from the ent/applicant's details)
Other has been selected, please provide Contact name:	de:	Telephone numl	hor	
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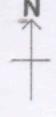
0 5 10 16 20 25 20 25 40 45 50

15 Corner Lane Horsford NR10 3DG

OS MasterMap 1250/2500/10000 scale Thursday, December 14, 2023, ID: BW1-01140708 maps.blackwell.co.uk

1:1250 scale print at A4, Centre: 619170 E, 316036 N

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