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Application for removal or variation of a condition following grant of planning permission. Town and Country Planning Act 1990. Planning (Listed Buildings and Conservation Areas) 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.

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:



Growth and Regeneration Business Unit Castle House, Great North Road, Newark, Nottinghamshire NG24 1BY

> Telephone: 01636 650000 Email: customerservices@nsdc.info

Website: www.newark-sherwooddc.gov.uk/planning/

Publication of applications on 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.

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.

1. Applic	ant Name and Address	2. Agent Name and Address		
Title:	Mr #Mrs First name:	Title: Mr First name: TM		
Last name:	HEYWOOD	Last name: EUERCHER.		
Company (optional):		(optional): # AEUNITEOUVER SECULOES (Id		
Unit:	House House suffix:	Unit: House number: 98 House suffix:		
House name:	MANOR FREM	House name:		
Address 1:	MAIN STEEDET	Address 1: CAUTHOEPE EORD		
Address 2:		Address 2: CAYTHOEPE		
Address 3:		Address 3:		
Town:	FAENSFILED	Town: NOTTINGHIKM		
County:		County:		
Country:		Country:		
Postcode:	NG22 807	Postcode: NG14-7EB		

B. Site Address Details Please provide the full postal address of the application site. Unit: House number: House name: House Suffix: House name: OUD MANOE HARM TEAT Address 1: MAIN Address 2: Image: County: Postcode (optional): MA22 Description of location or a grid reference. (must be completed if postcode is not known):	4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? Yes 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: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?						
Easting: Northing: Description:							
5. Description Of Your Proposal Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below: APPULATION THE UTELATION OF CONDITION OIZ TO SOTES INTOTS APPTENDED TEAMINGS TO CHANGLE ATTROUGH ISOURCE IMPETO ALL GOVELLE AS ATTACHED TO PLANNER PETERMISSION 22 (0240)/ HUL OF LISTED TSUMMING COUSENT 22 (02460/LEC Reference number: 22/02460/LEC Date of decision (DD/MM/YYY): IT. 10.23 (date must be pre-application submission)							
Please state the condition number(s) to which this application relat	es: 6.						
2. 05	7.						
3.	8.						
4.	9.						
5.	10.						
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission) (date must be pre-application submission)							
6. Condition(s) - Removal Please state why you wish the condition(s) to be removed or changed:							
ADJUSTMENT + IN PROVENENT to the STEUCOURAL DESIGN WITH REGREDS to the USTED SNEW + GITCRATTON to the ANNEXE EXENTION							
If you wish the existing condition to be changed, please state how you wish the condition to be varied:							
CONDITION TO BE VARIED AS POR THE ATTCHED SUBMITTED							
DEAWINGS & STRUCTUREN ENGINEERS REPORT							

. Ownership Certificates and Ag	ricultural Land Declaration	
	cate A, B, C, or D, must be completed with this application	form
certify/The applicant certifies that on the	CERTIFICATE OF OWNERSHIP - CERTIFICATE A relopment Management Procedure) (England) Order 2015 a day 21 days before the date of this application nobody except to which the application relates, and that none of the land to be to which the application relates.	ot myself/ the applicant was the
NOTE: You should sign Certificate B, C o application relates but the land is, or is	or D, as appropriate, if you are the sole owner of the land or part of, an agricultural holding.	r building to which the
* "owner" is a person with a freehold interes ** "agricultural holding" has the meaning g	t or leasehold interest with at least 7 years left to run. iven by reference to the definition of "agricultural tenant" in sectic	on 65(8) of the Act.
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		19.12.23
21 days before the date of this applicatio application relates. * "owner" is a person with a freehold interes ** "agricultural tenant" has the meaning gi	ve/the applicant has given the requisite notice to everyone else on, was the owner* and/or agricultural tenant** of any part of st or leasehold interest with at least 7 years left to run. ven in section 65(8) of the Town and Country Planning Act 1990	the land or building to which this
Name of Owner / Agricultural Tenant	Address	Date Notice Served
	5	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

8. Planning Application Requirements Please read the following checklist to make sure y information required will result in your applicatio the Local Planning Authority (LPA) has been subm	ou have sent all the n being deemed inva	information in su alid. It will not be	pport of your proposal. Failur considered valid until all info	e to submit all rmation required by				
The original and 3 copies* of a completed and dated application form:		Ownership Ce	nd 3 copies* of the completed rtificate (A, B, C or D – as appli Certificate (Agricultural Holdi	cable)				
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:								
The correct fee:	لادا							
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.								
9. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.								
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YY	YY):				
			19.12.23	(date cannot be pre-application)				
10. Applicant Contact Details		11. Agent Contact Details						
Telephone numbers		Telephone numbers						
	Extension			Extension				
Country code: National number:	number:	Country code:	National number:	number:				
Country code: Mobile number (optional):		Country code:	Mobile number (optional):	-				
Country code: Fax number (optional):		Country code:	Fax number (optional):					
Email address (optional):								
12. Site Visit		ath as such list land						
Can the site be seen from a public road, public fo		other public land	Yes No					
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>)								
If Other has been selected, please provide:			2011					
Contact name:	Telephone number:							
L								
Email address:								