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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:



Ebley Mill Westward Road Stroud Gloucestershire GL5 4UB

(01453) 766321

planning@stroud.gov.uk

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.

1. Applicant Name and Address		
Title:	First name: TOM + MELISSA	
Last name:	WORBOYS	
Company (optional):		
Unit:	House House number: suffix:	
House name:	SOUTH WINDS	
Address 1:	COMMON ROAD	
Address 2:	HAMPTON GREEN	
Address 3:	Box	
Town:		
County:	GLOUCESTERSHIRE	
Country:		
Postcode:	GLG 9AD	

2. Agent Name and Address		
Title:	First name: DAVID	
Last name:	SCOTT	
Company (optional):		
Unit:	House number: 47 House suffix:	
House name:		
Address 1:	LONDON ROAD	
Address 2:		
Address 3:		
Town:	STROUD	
County:		
Country:		
Postcode:	GL5 ZAD	

3. Description of Proposed Works	
Please describe the proposed works:	TO COOR OF PROCEST
PROPOSED EXTENSION TO FRO	= S.23/0186/HHOLD)
No.	
Has the work already started? Yes No If Yos, please state when the work was started (DD/MM/VVVV).	
If Yes, please state when the work was started (DD/MM/YYYY):	01/04/2023 (date must be pre-application submission)
Has the work already been completed? Yes No	
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: House suffix:	proposed to or from the public highway? Yes No
House name: SouTH WINDS	Is a new or altered pedestrian access proposed to or from the public highway? Do the proposals require any diversions,
Address 1: COMMON BOAD	extinguishments and/or creation of public
Address 2: HAMPTON GREEN	If Yes to any questions, please show details on your plans or
Address 3: Box	drawings and state the reference number(s) of the plan(s)/drawing(s):
Town:	
County:	
Postcode (optional): GL6 9AD	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local authority about this application? Yes No	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed
If Yes, please complete the following information about the advice	development? Yes V
you were given. (This will help the authority to deal with this application more efficiently).	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not known, and then complete as much possible:	plan and state the reference number of any plans of drawings.
Officer name:	
Reference:	
	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? Yes No
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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	ks affect existing car parking arrangements?	Yes No			
If Yes, please describe:					
EXISTING GA	PARKING IS RETAINED	O TO AC	COMODATION.		
ADEQUATE	E PARKING IS RETAINED	EXIECT	Accy		
means related, by birth	oyee / Member ple of decision-making that the process is open an or otherwise, closely enough that a fair minded an s bias on the part of the decision-maker in the loca	d informed obse	erver, having considered the facts,	elated would	to"
	statements apply to you and/or agent? 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 d	letails of their name, role and how you are related t	o them.		Trimy (IV-11-V-12-V-12-V-12-V-12-V-12-V-12-V-12	1
10. Materials			entropy and doctors and account of the second of the secon		
	te what materials are to be used externally. Include	e type, colour an	d name for each material:		
	Existing (where applicable)	Proposed		Not applicable	Don't Know
	RECON STONE AND	VERTICA	L TIMBOR BUARDING		
Walls	CEMENT RENDER		ZEX RENDER.		
wans					
	CONCRETE INTERLOCKING		zete interlowing		
Roof	prices tiles	Phian	TUES		
Windows	PVCU	PVCU			
		1 000			
Doors					
Doors				Ш	
1		Partierne er de skriveret er den hje nje van bekenne gezon kommen van de skrivere kommen en jare kommen en jar			
Douglasstand				-	
Boundary treatments (e.g. fences, walls)					

10. Materials					siene tunios ad passe
	If applicable, please state what materials are to be used externally. Include type, colour and name for each material:				
Vehicle access and hard-standing	COTSWOUD C		COTSWOUD CHIPPINGS		
Lighting					
Others (please specify)					
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No If Yes, please state references for the plan(s)/drawing(s)/design and access statement:					
EXISTING	and proposed	PUANG AND	2 WOTTA VOUS		

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 Lcertify/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. Signed - Applicant: Date (DD/MM/YYYY): 2023 **CERTIFICATI** 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 Name of Owner / Agricultural Tenant Address **Date Notice Served** Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

12. 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 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:	statement if Ill within a The original and 3 copies* of the completed, dated Ownership
*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 pla	post (for example, on a CD, DVD or USB memory stick).
13. 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:	place (DD/MM/YYYY):
	29/12/2023 (date cannot be pre-application)
14. Applicant Contact Details	15. Agent Contact Details
Country code: Country code: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional):
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name:	Agent Applicant Other (if different from the agent/applicant's details) Telephone number: