

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Application for approval of details reserved by condition. 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 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 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:

Rushcliffe Borough Council

Communities

Rushcliffe Arena

Rugby Road

West Bridgford

Nottingham NG2 7YG

Tel: 0115 981 9911

Email: planningandgrowth@rushcliffe.gov.uk

Borough Council

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

Applicant Name and Address			
Title:	MC First name: NICIC		
Last name:	MARKIN		
Company (optional):			
Unit:	House number: 28 House sufflx:		
House name:	DOVECOTE HOUSE		
Address 1:	FERN ROAD		
Address 2:	CROPWELL BISHOP		
Address 3:			
Town:	NOTTINGARN		
County:	2011 NOUSHIRE		
Country:	UK		
Postcode:	123BU		

2. Agent	Name and	Address	
Title:	m	First name:	NICK
Last name:	Sn	ANFOR	_ D
Company (optional):	STAN	FORD (PARTNER SHIP
Unit:		louse number:	House suffix:
House name:	THE	COMP	1GE
Address 1:	Sen	006	CANE
Address 2:	Cold	inon?	BASSETT
Address 3:			
Town:		1990	
County:	いつてつ	IN COM	AMSHRE
Country:	Mc		
Postcode:	NGIZ	3FD	

3. Site Address Details	4. Pre-application Advice Has assistance or prior advice been sought from the local			
Please provide the full postal address of the application site. House House	authority about this application?			
unit: number: ZB suffix:	If Yes, please complete the following information about the advice			
name: DOVECOTE HOUSE	you were given. (This will help the authority to deal with this application more efficiently).			
Address 1: FERN ROAD	Please tick if the full contact details are not			
Address 2: CROPUELL BISHOP	known, and then complete as much as possible:			
Address 3:	Officer name:			
Town: NOTTINGWAM	Reference:			
County: NOTTINCM AMSHIZE				
Postcode (optional): CG12 JOU	Date (DD/MM/YYYY): (must be pre-application submission)			
Description of location or a grid reference, (must be completed if postcode is not known):	Details of pre-application advice received?			
Easting: 468561 Northing: 335452				
Description:				
NEW DETRACHED HOUSE				
5. Description Of Your Proposal Please provide a description of the approved development as shown and date of decision in the sections below:	n on the decision letter, including the application reference number			
VARIATION OF CONDITION ? (AS	PPROVED PLANS) FOR APPLICATION			
21/03175/FUL TO ALLOW AMMER	DWENTT UP THE CHANCE			
ELEVATION DESIGN OF DISELLIN	The state of the s			
Reference number: 23/0/332/VAC Date of decision:	submission) (DD/MM/YYYY)			
Please state the condition number(s) to which this application relate				
1. CONDITION 3	6.			
2. CONDITION 6	7.			
3. CONDITION 7	8.			
4. CONDITION 8	9.			
5. CONDITION 9	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)			
Has the development been completed?	Yes No			
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/details t				
PLEASE FIND ATTACHED WORD POCUMENT AND ASSOCIATED APPENICES				
7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition?				
If Yes, please indicate which part of the condition your application re	elates to:			

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent 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 (LPA) has been submitted.					
The original and 3 copies* of a Completed and dated application form:	original and 3 copies* of other plans and drawings ormation necessary to describe the subject of the application:				
The correct fee:					
*National legislation specifies that the applicant must provide the ori 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).				
9. 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.	ils form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the				
Signed - Applicant:	Or signed - Agent:				
Date (DD/MM/YYYY):					
65/01/2024 (date cannot be pre-application)	e g				
W200 1800 1	,				
10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers	Telephone numbers				
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Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): 12. Site Visit Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Tother public land? Yes No				
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Email address: