

Application for listed building consent for alterations, extension or demolition of a listed building. Planning (Listed Buildings and Conservation Areas) Act 1990

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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:



**Buckinghamshire
Council**

Directorate for Planning, Growth and Sustainability
 The Gateway, Gatehouse Road, Aylesbury, Buckinghamshire, HP19 8FF

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Aylesbury Area

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. Applicant Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

3. Description of Proposed Work

Please describe the proposals to alter, extend or demolish the listed building(s):

INSTALLATION OF NEW WINDOW WITHIN SOUTH EAST SECTION OF THE CHURCH REEF TO ALLOW FOR CROSS VENTILATION OF THE MAIN BUILDING AS CURRENTLY ONLY ONE OPENABLE WINDOW ON NORTH ELEVATION. INSTALLATION WILL ALSO HELP WITH SOLAR GAIN WITHIN THE AREA, THUS REDUCING THE NEED FOR ADDITIONAL HEAT. THE WINDOW WOULD BE INSTALLED AS LOW AS POSSIBLE WITHIN ROOF

Has the work already started without consent? Yes No

If Yes, please state when the work was started (DD/MM/YYYY):

(date must be pre-application submission)

Has the work been completed without consent? Yes No

If Yes, please state the date when the work was completed (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit:

House number:

House suffix:

House name:

OLD CHURCH HOUSE

Address 1:

GRAVE

Address 2:

Address 3:

Town:

LEIGHTEN BUZZARD

County:

BEDS

Postcode (optional):

L17 004

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting:

492120

Northing:

222457

Description:

C14 CHURCH WHICH WAS CONVERTED TO A DWELLING IN THE LATE 70'S. THE BUILDING IS GRADE II LISTED.

5. Related Proposals

Are there any current applications, previous proposals or demolitions for the site? Yes No

If Yes please describe and include the planning application reference number(s), if known:

Description	Reference number
CONVERSION FROM CHURCH TO DWELLING - APPROVED	77/00783 1AV
RETROSPECTIVE PLANNING FOR CONSERVATORIALITY - APPROVED	16/00202 1A23
REMOVAL OF SHED + REPLACE WITH GARDEN ROOM - APPROVED	17/01110 1APP

6. Pre-application Advice

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 as possible:

Officer name:

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? Yes No

If Yes, please provide details:

8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following 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 details of their name, role and how you are related to them.

I AM A COUNCILLER ON SEADOWN PARISH COUNCIL

9. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof covering	CLAY PEG TILES	CLAY PEG TILES	<input type="checkbox"/>	<input type="checkbox"/>
Chimney			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows		VELUX HERITAGE CONSERVATION WINDOW WITH SAFETY LAMINATED GLASS & UV FILTER	<input type="checkbox"/>	<input type="checkbox"/>
External doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceilings			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internal walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internal doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rainwater goods			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (add description)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted drawings or plans?

Yes

No

If Yes, please state plan(s)/drawing(s) references:

EXISTING & PROPOSED PLANS & ELEVATIONS
Dwg No 3698-01

10. Demolition

Does the proposal include the partial or total demolition of a listed building? Yes No

If Yes, which of the following does the proposal involve?

- a) Total demolition of the listed building: Yes No
- b) Demolition of a building within the curtilage of the listed building: Yes No
- c) Demolition of a part of the listed building: Yes No

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)	590
ii) What is the volume of the part to be demolished?(cubic metres)	2
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	VICTORIAN ERA

Please provide a brief description of the building or part of the building you are proposing to demolish:

REMOVAL OF ROOF TILES
& INTERNAL PLASTERING

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

11. Listed Building Alterations

Do the proposed works include alterations to a listed building? Yes No

If Yes, do the proposed works include: (you must answer each of the questions)

- a) Works to the interior of the building? Yes No
- b) Works to the exterior of the building? Yes No
- c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally? Yes No
- d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes No

If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):

SEE DRAWING 3098-01

12. Listed Building Grading

Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)

Grade I Ecclesiastical Grade I

Grade II* Ecclesiastical Grade II*

Grade II Ecclesiastical Grade II

Don't know

13. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

Yes No Don't know

If Yes, please provide the result of the application:

14. Ownership Certificates

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

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.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

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* 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.

Name of Owner	Address	Date Notice Served
TERRA KEMPATRICK	OLD GURCH WALKER GROVE. 107 OAK.	1/11/23

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

The steps taken were:

Name of Owner	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 (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

19. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No

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:

14. Ownership Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

The steps taken were:

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):

15. 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:

The original and 3 copies* of a plan which identifies the land to which the application relates and 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:

The original and 3 copies* of the completed dated Ownership Certificate (A, B, C, or D - as applicable):

The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details):

*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.

16. 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:

Or signed - Agent:

Date (DD/MM/YYYY):

17/01/2024

(date cannot be pre-application)

17. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

18. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):