



# Application for Planning Permission. Town and Country Planning Act 1990

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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:**



#### Development Management Southampton City Council

Southampton City Council Lower Ground Floor, Civic Centre Southampton SO14 7LY

Tel: 023 8083 2603

Email: planning@southampton.gov.uk Website: www.southampton.gov.uk/planning/

#### For Office Use Only

Date received:

Fee

Application No:

## 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:	Mr First name: Dan							
Last name:	Buckle							
Company (optional):	Southampton City Council							
Unit:	House number: House suf x:							
House name:								
Address 1:	Civic Centre							
Address 2:	Civic Centre Road							
Address 3:								
Town:	Southampton							
County:	Hampshire							
Country:	United Kingdom							
Postcode:	SO14 7LY							

2.Agent Name and Address										
Mr	First name:	Thomas								
Hall										
Southam	Southampton City Council									
		House suf x:								
Civic Cer	ntre									
Civic Cer	ntre Road									
Southam	npton									
Hampshi	ire									
United K	ingdom									
SO14 7LY	/									
	Mr Hall Southamp Civic Cer Civic Cer Southam Hampshi United K	Mr First name:	Mr First name: Thomas  Hall  Southampton City Council  House number: House suf x:  Civic Centre  Civic Centre Road  Southampton  Hampshire  United Kingdom							

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3.Descrip	otion of the Proposal						
Please des	cribe the proposed development, including any change of	f use:					
	nge of use from Use Class C3 (Dwellinghouses) ne elevations of the property, and some interna	-	·				
Has the built	ding work or change of use already started?	□ Vos	No.				
	ding, work or change of use already started? se state the date when building,	Yes	No				
	were started (DD/MM/YYYY):		(date must be pre-application submission)				
	ding, work or change of use been completed?	Yes	No     No				
	se state the date when the building, work f use was completed: (DD/MM/YYYY):		(date must be pre-application submission)				
	no. of permission in principle being chnical details consent applications only):						
4.Site Ad	dress Details	5.Pre-a	application Advice				
Please prov	ide the full postal address of the application site.		stance or prior advice been sought from the local				
Unit:	House number: 34A House suf x:	authority	about this application? Yes No				
House name:			ease complete the following information about the advice				
Address 1:	Westridge Road	you were given. (This will help the authority to deal with this application more ef ciently).					
Address 2:		l I	ck if the full contact details are not nd then complete as much as possible:				
Address 3:		Of cer n	ame:				
Town:	Southampton						
County:	Hampshire	Reference	e:				
Postcode (optional): Description (must be co	SO17 2HL of location or a grid reference. ompleted if postcode is not known):	(must be	Date (DD/MM/YYYY): pre-application submission)				
Easting: 4	42920 Northing: 114134	Details o	of pre-application advice received?				
Description	:						

6. Pedestrian and Vehicle Access, Roads and Rights of Wa	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway?	Do the plans incorporate areas to store and aid the collection of waste?  Yes No
Is a new or altered pedestrian access proposed to or from the public highway?  Yes No	If Yes, please provide details:  Waste sorting and collection arrangements are as the existing - with separate general and recyclable waste
Are there any new public roads to be provided within the site?  Yes  No	bins stored in the front driveway - and collected as part of the local domestic waste collection rota by the
Are there any new public rights of way to be provided within or adjacent to the site?  Yes No	Local Authority.
Do the proposals require any diversions /extinguishments and/or creation of rights of way?  Yes  No	Have arrangements been made for the separate storage and collection of recyclable waste?  Yes No
If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plant (s)/drawings(s)	Separate general and recyclable waste bins stored in
	the front driveway - and collected as part of the local domestic waste collection rota.
8. Authority Employee / Member	
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 staf  (b) an elected member  (c) related to a member of staf  (d) related to an elected member
If Yes, please provide details of their name, role and how you are	related to them.
The Applicant and Agent are members of Southamp	oton City Council staf.

9. Materials f applicable, please sta	ite what ma	terials are to be used extern	nally. Includ	e type, colour and name for ε	each material:		
	Existing (where ap	plicable)		Proposed		0 - g g c c - g d d	Don Kno
Walls	where applicable) Facing brickwork As existing  Slate tiles As existing  White framed upvc windows As existing (replaced)  Various  Various - as existing  Block paving As existing  As existing  Various - as existing  Walditional information on submitted plan(s)/drawing(s)/design and access statement?  Seterences for the plan(s)/drawing(s)/design and access statement:  Seterences for the plan(s)/drawing(s)/design and access statement:  Seterences for the plan(s)/drawing(s)/design and access statement:  Total proposed (including spaces:  Including  Total proposed (including spaces:  Including  Total proposed (including spaces:  Including  As existing  Nil						
Roof	Slate tile	es .		As existing			
Windows	White fr	amed upvc windows		As existing (replaced)			
Doors	Various			Various - as existing			
Boundary treatments (e.g. fences, walls)	Various			Various - as existing			
Vehicle access and hard-standing	Block pa	aving		As existing			
Lighting							
Others (please specify)							
If Yes, please state refe	erences for	the plan(s)/drawing(s)/desig	n and acces	•	ent? Xes		No
10. Vehicle Parkin	•						
Please provide info		Total		al proposed (including			
Cars				•	·		
Light goods vehi public carrier veh	cles/ nicles	Incl (on drive)		As existing	Nil		
Motorcycles Incl (on drive)		As existing Nil		Nil			
Disability spac	es	Incl (on drive)		As existing	Nil		
Cycle spaces	5	Various		As existing	Nil		
Other (e.g. Bu	s)	n/a					

Other (e.g. Bus)

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of fooding? (Refer to the
Mains sewer Cess pit	Environment Agency's Flood Map showing food zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system?	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No
If Yes, please include the details of the existing system on the application drawings and state references for the	Will the proposal increase the food risk elsewhere?  Yes No
plan(s)/drawing(s):  Connections to the sewer(s) are as existing and not	How will surface water be disposed of?
impacted by these proposals.	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological	Dwellinghouse.
conservation features may be present or nearby and whether	
they are likely to be afected by your proposals.  Having referred to the guidance notes, is there a reasonable	
likelihood of the following being afected adversely or conserved	Is the site currently vacant? Yes No
and enhanced within the application site, or on land adjacent to or near the application site?	If Yes, please describe the last use of the site:
a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	
No	When did this use end (if known)?  DD/MM/YYYY
b) Designated sites, important habitats or other biodiversity features:	(date where known may be approximate)
Yes, on the development site	Does the proposal involve any of the following?  If yes, you will need to submit an appropriate contamination
Yes, on land adjacent to or near the proposed development	assessment with your application.
∑ No	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?  Yes  No
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	A proposed use that would be particularly vulnerable to the presence of contamination?
No No	to the presence of contamination?
15. Trees and Hedges	16. Trade Efuent
Are there trees or hedges on the proposed development site?  Yes No	Does the proposal involve the need to dispose of trade ef uents or waste?  Yes  No
And/or: Are there trees or hedges on land adjacent to the	If Yes, please describe the nature, volume and means of disposal
proposed development site that could infuence the development or might be important as part of the local landscape character?	of trade ef uents or waste
If Yes to either or both of the above, you may need to provide a full	
Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be	
submitted alongside your application. Your local planning authority should make clear on its website what the survey should	
contain, in accordance with the current 'BS5837: Trees in relation to	

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17. Residential L Does your proposal ir If Yes, please comple							resider low:	ntial units? Yes	N N	lo					
	Propos	sed	Hous	ing					Existi	ng l	Hous	ing			
Market Housing	Not known	1	Numb	per of	Bedr 4+	ooms Unknown	Total	Market Housing	Not known	1	Numb	per of		ooms Unknown	Total
Houses							а	Houses					1		3
Flats/maisonettes							b	Flats/maisonettes							b
Sheltered housing							С	Sheltered housing							С
Bedsit/studios							d	Bedsit/studios							d
Cluster fats							е	Cluster fats							е
Other					1		1	Other							f
		To	tals (a	1 + b +	C + 0	( + e + f) =	4			То	tals (a	1 + b +	C + 0	(+ e + f) =	Ŧ
Social, Afordable	Ī		Numh	ner of	Redr	ooms	Total	Social, Afordable	l		Numk	ner of	Redr	noms	Total
or Intermediate Rent	Not known	1	2	3	4+	Unknown		or Intermediate Rent	Not known	1	2	3		Unknown	-
Houses	+	•		3	71	OTIKTIOWIT	а	Houses				3	71	OTIKHOWII	а
Flats/maisonettes							b	Flats/maisonettes							b
Sheltered housing							C	Sheltered housing							С
Bedsit/studios							d	Bedsit/studios							d
Cluster fats							e	Cluster fats							e
Other							f	Other							f
Carer		To	tals (a	1 + b +	C + 0	<u> </u>   + e + f) =	В	Curior	Totals (a + b + c + d + e + f) =				G		
Afordable Home	Not					ooms	Total	Afordable Home	Not Number of Bedrooms				Total		
Ownership	Not known	1	2	3	4+	Unknown		Ownership	Not known	1	2	3		Unknown	
Houses							а	Houses							а
Flats/maisonettes							b	Flats/maisonettes							b
Sheltered housing							С	Sheltered housing							С
Bedsit/studios							d	Bedsit/studios							d
Cluster fats							е	Cluster fats							е
Other							f	Other							f
		To	tals (a	) + b +	C + 0	( + e + f) =	С		Totals (a + b + c + d + e + f) =					Н	
Starter Homes	Not known	1	Numb	per of	Bedr 4+	ooms Unknown	Total	Starter Homes	Not Number of Bedrooms known 1 2 3 4+ Unknown			Total			
Houses							а	Houses							а
Flats/maisonettes							b	Flats/maisonettes							b
Bedsit/studios							С	Bedsit/studios							С
Other							d	Other							d
			To	tals (	<i>a + b</i>	+ C + d) =	D				To	tals (	ía + b	+ C + d) =	/
Self Build and	Not		Numb	er of	Bedr	ooms	Total	Self Build and	Not		Numk	er of	Bedr	ooms	Total
Custom Build	known	1	2	3	4+	Unknown		Custom Build	known	1	2	3	4+	Unknown	
Houses							а	Houses							а
Flats/maisonettes							b	Flats/maisonettes							b
Bedsit/studios							С	Bedsit/studios			ļ				С
Other							d	Other							d
			To	tals (	(a + b	+ C + d) =	E				To	tals (	(a + b	+ C + d) =	J
Total proposed res	idential	unit	s <i>(A</i>	+ B +	C + L	) + E) =	1	Total existing r	esidentia	al un	its	(F + G	+ H +	<i>[ + J] =</i>	1

0

Use class/type of use   internal foorspace (square metres)   to be lost by change of use or demolition (square metres)   foorspace (square metres)   foorspace (square metres)   foolswing development	•			•	nin or change of us		•	_	_ Yes _≥	No
Net tradable area:				the qu	Existing gross internal f oorspace	Gross interna to be lost by use or der	I foorspace change of nolition	Total gro foorspac (including	e proposed g change of	Net additional gross internal foorspace following developmen (square metres)
A2	A1	Sho	ps							
A3 Restaurants and cafes  A4 Drinking establishments  A5 Hot food takeaways  B1 (a) Of ce (other than A2)  B1 (b) Research and development  B1 (c) Light industrial  B2 General industrial  B3 Storage or distribution  C1 Hotels and halis of residence  C2 Residential institutions  D1 Non-residential  D1 Non-residential  D1 Non-residential  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use Class  Type of use applicable  Existing rooms to be lost by change of use or demolition  C1 Hotels  C2 Residential  In addition, for hotels, residential  In stitutions  D1 Non-residential  In addition, for hotels, residential  In addition, for hotels, residential  In addition, for hotels, residential  In stitutions  D1 Hotels  D1 Hotels  D1 Hotels  D2 Assembly and leisure  D3 Assembly and leisure  D4 Assembly and leisure  D5 In addition, for hotels, residential  D6 In addition, for hotels, residential  D7 In addition, for hotels, residential  D8 Assembly and leisure  D9 In addition, for hotels, residential  D8 Assembly and leisure  D9 In addition, for hotels, residential  D8 Assembly and leisure  D9 In addition, for hotels, residential  D8 Assembly and leisure  D9 In addition, for hotels, residential  D8 Assembly and leisure  D9 In addition, for hotels, residential  D8 Assembly and leisure  D9 In addition, for hotels, residential  D8 Assembly and leisure  D9 In addition, for hotels, pease additionally indicate the loss or gain of rooms  Net additional room  Net additional room  Net additional room  P1 In addition, for hotels, pease additionally indicate the loss or gain of rooms  Net additional room  P1 In addition, for hotels, pease additionally indicate the loss or gain of rooms  Net additional room  P1 In addition, for hotels, pease additionally indicate the loss or gain of rooms  Net additional room  P1 In addition, for hotels, pease additionally indicate the loss or gain of rooms  Net additional room  P1 In addition, for hotels, pease additionally indic		Net tradal	ble area:	$\top \Box$						
A3 Restaurants and cafes	A2	Financi	al and	$+\overline{-}$						
Ad Drinking establishments		i '								
B1 (a) Of ce (other than A2)	A4	Drinking esta	ablishmen	ts 🗍						
B1 (b) Research and development B1 (c) Light industrial	<b>A</b> 5	Hot food ta	akeaways							
B1 (c) Light industrial	B1 (a)	Of ce (other	er than A2)	$\dagger \overline{\Box}$						
B1 (c) Light industrial	B1 (b)			$\dagger \overline{\Box}$						
Storage or distribution				$\dagger \overline{\Box}$						
C1 Hotels and halls of residence Residential institutions D1 Non-residential institutions D2 Assembly and leisure D3 Residential institutions D4 Residential institutions D5 Residential institutions D5 Residential institutions D6 Residential institutions D7 Residential D7				+						
C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure D3 Assembly and leisure D4 Assembly and leisure D5 Assembly and leisure D6 Assembly and leisure D7 Total D7 Hotels D8 Type of use applicable C1 Hotels C2 Residential institutions of use or demolition D7 Hotels										
Residential institutions D1 Non-residential institutions D2 Assembly and leisure D3 Assembly and leisure D4 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Type of use Applicable C1 Hotels C2 Residential Institutions C3 Residential Institutions C4 Residential Institutions C5 Residential Institutions C6 Residential Institutions C7 Residential Institutions C8 Residential Institutions C9 Residential Institut		Hotels and	d halls of	+ $$						
D1 Non-residential institutions D2 Assembly and leisure										
Assembly and leisure		Non-resi	idential	+						
OTHER Please Specify Total  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use Type of use Applicable of use or demolition Total rooms proposed (including changes of use)  Net additional room  Net additional room  Net additional room  Please Institutions  OTHER Please Please Institutions  Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees Nil Nil Nil  Proposed employees 2 1 Two staf on site + one visiting manage  O. Hours of Opening  I known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:				+						
Please Specify  Total  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use Class Type of use applicable of use or demolition  Net additional room of use or demolition  Please class application of use or demolition  Total rooms proposed (including of use or demolition)  Net additional room of use or demolition  Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees Nil Nil Nil  Proposed employees 2 1 Two staf on site + one visiting manage  O. Hours of Opening  I known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:  Net Applicable Setudor Setud				+						
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use Not applicable class of use or demolition of use or demolition of use or demolition of use or demolition changes of use)  Net additional room Net additional room changes of use)  Net additional room Net additional room changes of use)  Net additional room net additional room changes of use)  Net additional room net additional room changes of use)  Net additional room net additional room changes of use)  Net additional room net additional room changes of use)  Net additional room net additional room net additional room changes of use)  Net additional room net additional room networks of use)  Net additional	Please									
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use   Type of use   Not   applicable   Existing rooms to be lost by change   Total rooms proposed (including   Net additional room    C1   Hotels	Specify	Tot	· al	$+$ $\Box$						
Type of use   Not applicable   Existing rooms to be lost by change   Total rooms proposed (including changes of use)   Net additional room	In ode			atial in	stitutions and bost	tals places ad	ditionally ind	licato the le	cc or goin of r	ooms.
C2 Residential Institutions	Use -	Type of use	Not	Exist	ing rooms to be lo	st by change	Total room	s proposed	(including	Net additional rooms
Institutions										
Please Specify  9. Employment Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees Nil Nil Nil  Proposed employees 2 1 Two staf on site + one visiting manage  O. Hours of Opening  f known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:    Not known   Net known   Strunday   Strun										
9. Employment Please complete the following information regarding employees:  Full-time Part-time Full-time Existing employees Nil Proposed employees 2 1 Two staf on site + one visiting manage  O. Hours of Opening f known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:  Not known Soturday Soturday Sounday and Not known										
9. Employment  Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees Nil Nil Nil  Proposed employees 2 1 Two staf on site + one visiting manage  O. Hours of Opening  f known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:  Saturday Sunday and Net known										
Full-time Part-time Total full-time equivalent  Existing employees Nil Nil Nil  Proposed employees 2 1 Two staf on site + one visiting manage  O. Hours of Opening  f known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:    Soturday   Sunday and   Not known   Sunday and   Not known   Not known   Sunday and   Not known   Not kn	9. Em		· II			.1				
Existing employees Nil Nil Nil Nil  Proposed employees 2 1 Two staf on site + one visiting manage  O. Hours of Opening  f known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:    Nonday to Friday   Saturday   Sunday and   Net known   Net known	riease co	ompiete trie i	ollowing ii	поппа		· ·	timo		Tota	I full-time
Proposed employees 2 1 Two staf on site + one visiting manage  O. Hours of Opening  f known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:    Seturday   Sunday and   Net known   Sunday and   Net known   Seturday   S	Evi	isting omploy	006	NIII	ruii-tiirite		-time	Niil	eq	uivalent
O. Hours of Opening  f known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:  Seturday Sunday and Net known									af on sit≙ ⊥	one visiting manager
f known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:    Nonday to Friday   Saturday   Sunday and   Not known								1 00 30	ai oii site +	one visiting manager
Lico Monday to Friday Saturday Sunday and Not known		•	•	of oper	ning (o.g. 15:20) f	or oach non ro	sido <b>n</b> tial uso	proposod		
Bank Holidays Not Known	I KIIUWII,	·		•				Sunda	y and	Not known
		026	I	vioriuay	/ to Friday	Saturua	у	Bank H	ólidays	NOT KHOWH
1. Site Area										

22. Industrial or Commercial Processes and Machinery								
Please describe the activities and processes be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed or	cts ind	cludina	n/a					
Is the proposal a waste management develo	pmen	ıt? Y	es	No				
If the answer is Yes, please complete the fol	lowing	table:						
	0   0   0   0   0   0	including allowan	enginee ce for co	ity of the void in ering surcharge over or restoratio waste or litres if	and making no on material (or	Maximum annual operational throughput in tonnes (or litres if liquid waste)		
Inert landfll								
Non-hazardous landfil								
Hazardous landfll								
Energy from waste incineration								
Other incineration								
Landfll gas generation plant								
Pyrolysis/gasif cation								
Metal recycling site								
Transfer stations								
Material recovery/recycling facilities (MRFs)								
Household civic amenity sites								
Open windrow composting								
In-vessel composting								
Anaerobic digestion								
Any combined mechanical, biological and/ or thermal treatment (MBT)								
Sewage treatment works								
Other treatment								
Recycling facilities construction, demolition and excavation waste								
Storage of waste								
Other waste management								
Other developments								
Please provide the maximum annual operat	ional t	throughpu	t of the f	following waste s	streams:			
Municipal								
Construction, demolition and e	xcava	tion						
Commercial and industr	ial							
Hazardous								
If this is a landfll application you will need to planning authority should make clear what	o prov inform	ide further ation it re	r informa quires o	ation before you n its website.	r application can	be determined. Your waste		
23. Hazardous Substances								
Does the proposal involve the use or storage the following materials in the quantities state			Yes	No	Not applicat	ble		
If Yes, please provide the amount of each su								
Acrylonitrile (tonnes)	Ef	thylene ox	ide (tonı	nes)		Phosgene (tonnes)		
Ammonia (tonnes) Hydrogen cyanide (ton			ide (tonr	nes)	Sul	phur dioxide (tonnes)		
Bromine (tonnes)	L	iquid oxyg	gen (tonr	nes)		Flour (tonnes)		
Chlorine (tonnes) Lie	quid p	etroleum g	gas (tonr		Refned	white sugar (tonnes)		
Other:				Other:				
Amount (tonnes):				Amount (toni	nes):			

# 24. 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 freenola intere ** "agricultural holding" has the meaning :		with at least / vears left to run.	65(8) of th	e Act.
Signed - Applicant:				Date (DD/MM/YYYY):
			ity Council)	22/01/2024
Town and Country Planning (De I certify/ The applicant certifies that I ha 21 days before the date of this applicati application relates.  * "owner" is a person with a freehold intere ** "agricultural tenant" has the meaning g	ve/the lands was set or leasehold interest		(as listed k the land o	under Article 14 pelow) who, on the day building to which this
Name of Owner / Agricultural Tenant		Address		Date Notice Served
Signed - Applicant:	Or s	igned - Agent:		Date (DD/MM/YYYY):

# CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2015 Certifcate under Article 14 I certify/ The applicant certifes that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to fnd out the names and addresses of the other owners\* and/or agricultural tenants\*\* 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. \*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: Name of Owner / Agricultural Tenant **Date Notice Served** Address Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Date (DD/MM/YYYY): Signed - Applicant: Or signed - Agent: CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2015 Certifcate under Article 14 I certify/ The applicant certifes 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\* and/or agricultural tenant\*\* 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. \*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Date (DD/MM/YYYY): Signed - Applicant: Or signed - Agent:

24. Ownership Certificates and Agricultural Land Declaration (continued)

25. Planning Application Requirements - Checklist					
Please read the following checklist to make sure you have sent all information required will result in your application being deemed the Local Planning Authority (LPA) has been submitted.					l by
The original and 3 copies* of a completed and dated application form:		The correct fee:			$\boxtimes$
The original and 3 copies* of the plan which identifies the land to which the application relates drawn to an				esign and access statement, dance notes for details):	, 
identified scale and showing the direction of North:		Ownership Cert	ificate (A, B, C or [	completed, dated O – as applicable)	
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:		and Article 14 C	ertificate (Agricul	tural Holdings):	$\boxtimes$
*National legislation specifies that the applicant must provide the total of four copies), unless the application is submitted electronic LPAs may also accept supporting documents in electronic format you can check your LPA's website for information or contact their	cally o by po	r, the LPA indicate st (for example, o	that a smaller nun a CD, DVD or US	umber of copies is required. SB memory stick).	
26. Declaration					
I/we hereby apply for planning permission/consent as described information. I/we confirm that, to the best of my/our knowledge.					e
				ate cann	ot be
				e-applica	ation)
				Exten numb	
				330	
29. Site Visit					
Can the site be seen from a public road, public footpath, bridlewa	ay or of	ther 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> )	Ĺ	Agent	Applicant	Other (if different from agent/applicant's det	
If Other has been selected, please provide:  Contact name:	-	Telephone numbe	er:		
		J. Commission of the Commissio			

Email address: