

## UTTLESFORD DISTRICT COUNCIL

Council Offices, London Road, Saffron Walden, Essex CB11 4ER Telephone (01799) 510510
Textphone Users 18001
Email planning@uttlesford.gov.uk
Website www.uttlesford.gov.uk

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

## Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Applicant Name and Address					
Title:	First name:				
Last name:					
Company (optional):	Foxley Commercial Property Ltd				
Unit:	House number: House suffix:				
House name:	C/o Agent				
Address 1:		,			
Address 2:		,			
Address 3:		,			
Town:		-			
County:		(			
Country:		(			
Postcode:					

2. Agent	Name and	Address				
Title:	Ms	First name:	Natalie			
Last name:	Taylor					
Company (optional):	Foxley Group					
Unit:	House number: House suffix:					
House name:	Barn 3					
Address 1:	Warren Park					
Address 2:	Green Tye					
Address 3:	Herts					
Town:						
County:						
Country:						
Postcode:	SG10 6FF					

	ddress Details		e-application Advice		
Please prov	ride the full postal address of the application site.		ssistance or prior advice been sought from the local rity about this application?		
Unit:	House House suffix:	autiloi	Yes No		
House name:	Bonningtons Farm		please complete the following information about the advice ere given. (This will help the authority to deal with this		
Address 1:	ddress 1: Station Road		ation more efficiently). e tick if the full contact details are not		
Address 2:	ddress 2: Takeley		, and then complete as much as possible:		
Address 3:		Office	er name:		
Town:			ence:		
County:					
Postcode (optional):	CM22 6SQ	Date (DD/MM/YYYY): (must be pre-application submission)			
Description (must be co	of location or a grid reference.  ompleted if postcode is not known):	11 '	s of pre-application advice received?		
Easting:	Northing:				
Description	1:				
E Docoriu	ntion Of Your Proposal				
Please prov	ption Of Your Proposal vide a description of the approved development as show	n on the	decision letter, including the application reference number		
	decision in the sections below:		acconint ad words		
Demoil	tion of existing buildings and erection of 7 dwellings	ngs and	associated work		
			(Data must be pre-application		
Reference r	011/23/2017/FUL		(Date must be pre-application submission) (DD/MM/YYYY)		
Please stat	te the condition number(s) to which this application relate				
2.		7.			
3.		8.	Landscape Plan		
4.		9.	Noise assessment		
5.		101	confirmed/authorised WSI		
	velonment already started?		Yes No		
Has the development already started?  If Yes, please state when the development started (DD/MM/YYYY):			(date must be pre-application		
Has the development been completed?  Yes No					
	ase state when the development was completed (DD/MM/	(date must be pre-application			
		, L	submission)		
	Irge Of Condition vide a full description and/or list of the materials/details t	that are b	eing submitted for approval:		
Landscape plan, WSI signed off by place services and noise assessment					
7. Part Di	ischarge Of Condition(s)				
Are you seeking to discharge only part of a condition?					
If Yes, plea	se indicate which part of the condition your application re	elates to:			

9 Blonning	Application Paguiraments Cha	oklist			
Please read the f information requ		e sent all the	information in support of your proposal. Failure to submit all alid. It will not be considered valid until all information required by		
4 copies of a completed and dated application form:			4 copies of other plans and drawings or information necessary to describe the subject of the application:		
9. Declaratio	on				
		escrib <b>ed</b> in <b>da</b>	deform and the accompanying plans/drawings and additional		
9			Or signed - Agent:		
			N.Taylor		
Date (DD/MM/Y 23/01/2024	, , , , , , , , , , , , , , , , , , ,	lication)			
10. Applican	t Contact Details		11. Agent Contact Details		
Telephone num		Extension number:	Telephone numbers  Country code:  Extension number:		
Country code:	Mobile number (optional):		Country code:		
Country code:	Fax number (optional):		Country code: Tax number (optional).		
Email address (c	ptional):		E		
12. Site Visit					
Can the site be s	een 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: