



Householder Application for Planning Permission for works or extension to a dwellin 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. I subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority ir 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 commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



RETROSPECTIVE APPHICATION

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REC'D 22 DEC 2023

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 requany 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.

application.				
1. Applica	ant Name and Address	2. Agent Name and Address		
Title:	MR First name: MIKE	Title: MR First name: KEVIN		
Last name:	THATCHER	Last name: HARDCASTLE		
Company (optional):		Company (optional):		
Unit:	House House suffix:	Unit: House 15 House suffix:		
House name:	CHAPEL HOUSE	House name:		
Address 1:	MAIN STREET	Address 1: SOUTHGATE		
Address 2:	FRIDAYTHORPE	Address 2: CRANSWICK		
Address 3:		Address 3:		
Town:	DRIFFIELD	Town: DDIFFIELD		
County:	EAST RIDING OF YORKSHIRE	County: EAST RIDING OF YORKSHIRE		
Country:	ENGLAND	Country: CNGLAND		
Postcode:	Y025 9RS	Postcode: YO25 9 QX		

בי שבשנו ויו דו טוים בע איטו אי	
Please describe the proposed works:	
INSTALLED WINDOW TO SIDE KLEY (OBSCURE GLAZED)	VATION
	P & ER DEVELOPMENT CONTROL REC'D 22 DEC 2023
las the work already started? Yes No	
f Yes, please state when the work was started (DD/MM/YYYY): Has the work already been completed?	(date must be pre-application submissic
	2623. (date must be pre-application submissio
f Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submissio
4. Site Address Details Please provide the full postal address of the application site. House House	5. Pedestrian and Vehicle Access, Roads and Rights of W Is a new or altered vehicle access proposed to or from the public highway? Yes
Unit: number: nodse suffix:	Is a new or altered pedestrian access
House name: CHAPEZ HODSE	proposed to or from the public highway? Yes N Do the proposals require any diversions,
Address 1: MHIN STREET	extinguishments and/or creation of public rights of way?
Address 2: PRIDAYTHORPE	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: DRIFFIED	
County: EAST RIDING OF YORKSHIRE	
Postcode (optional):	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local authority about this application? If Yes, please complete the following information about the advice	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed
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 possible: Officer name:	development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
MIKE ROEBUCK (ENFORCEMENT)	
Reference:	
PHONE CALL TO APPLICANT	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY): (must be pre-application submission) 2/11/2023	order to carry out your proposal?
(must be pre-application submission) 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 plant
ADVISED TO SUBMIT RETROSPECTIVE APPLICATION FOR THE INSTALLO? * WINDOW.	drawing(s) and indicate the scale.

i. Parking Vill the proposed works	affect existing car parking arrangements?	Yes No	1		
f Yes, please describe:	÷		P&ER		
			DEVELOPMENT CONTRO	_	
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		and the second s	GOVERNOUS EN AUTOMOTION CONTRACTOR CONTRACTO		
neans related, by birth	Dyee / Member ole of decision-making that the process is open an or otherwise, closely enough that a fair minded ar s bias on the part of the decision-maker in the loca	nd informed obs	erver, having considered the facts,		O"
Oo any of the following statements apply to you and/or agent? Yes 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	etails of their name, role and how you are related	to them.			
10. Materials					
f applicable, please sta	te what materials are to be used externally. Includ	le type, colour a	nd name for each material:		Т
	Existing (where applicable)	Proposed		Not applicable	Don Kno
Walls					
Roof		/			
Windows		Upvc	(GREY)		
Doors					
Boundary treatments (e.g. fences, walls)					

IV. IVILLEVITUIO				
f applicable, please sta	te what materials are to be used externally. Include	e type, colour and name for each materia	l:	
Vehicle access and nard-standing				
Lighting .				
Others (please specify)				
Are you supplying add	litional information on submitted plan(s)/drawing(s	s)/design and access statement?	Yes	No
f Yes, please state refe	rences for the plan(s)/drawing(s)/design and acces	s statement:		
THIS APPLIC	PACANT) ADVISED BY ENFO	OCHUNT TO SUBMIT		
CLIENT CAP	PHUANI) ADVISED BY ENTE	72.17/ 10 000		
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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.

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):	
	K Mare casto	18/12/23	
CERTIFICATE OF OWNERSHIP - CERTIFICATE B 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.			
Name of Owner / Agricultural Tenant	Address	Date Notice Served	
		A	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):	
	,		

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Data (DD /A ARAMAMA)

Ownership Certificates and Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14				
l 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* 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.				
The steps taken were:			/	
Name of Owner / Agricultural Tenant		Address		Date Notice Served
			/	
	Commence and desired and a second possible and a second possible and a second possible and a second possible a			
			Y	
Notice of the application has been publis (circulating in the area where the land is	shed in the follow situated):	wing newspaper	On the following date (whice than 21 days before the date	h must not be earlier e of the application):
Signed - Applicant:	/	Or signed - Agent:		Date (DD/MM/YYY
Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 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* and/or agricultural tenant** of any part of the land to which this application relates, bu have/ the applicant has been unable to do so.				
The steps taken were:				
Notice of the application has been publis (circulating in the area where the land is	hed in the follov situated):	ving newspaper	On the following date (whice than 21 days before the date	ch must not be earlier e of the application):
		Ordered Apart		Date (DD/MM/YYY)
Signed - Applicant:		Or signed - Agent:		
		DEVELOPM.	& ER	



Lanning Application Requirements - Checklist Classe read the following checklist to make sure you have sent all the information required will result in your application being deemed inva	nformation in support of your proposal. FailUFE to submit all
The Local Planning Authority (LPA) has been submitted.	CONTACT
The original and 3 copies* of a The original and 3 completed and dated application form: The original and 3 completed and dated application form:	opies* of a The correct fee: APPHOANT atement if
The original and 3 copies* of a plan which conservation area or	completed, dated Ownership
relates drawn to an identified scale and showing the direction of North: World Heritage Site, Listed Building:	or relate to a Certificate (A, B, C or D – as applicable) and Article 14
The original and 3 copies* of other plans	Certificate (Agricultural Holdings):
and drawings or information necessary to describe the subject of the application:	
	ninal plus three copies of the form and supporting documents (a
*National legislation specifies that the applicant must provide the origital of four copies), unless the application is submitted electronically of LPAs may also accept supporting documents in electronic format by properting documents in electronic format by properties are also accept support of the control of the contr	or, the LPA indicate that a smaller number of copies is required. ost (for example, on a CD, DVD or USB memory stick).
You can check your LPA's website for information or contact their plan	ning department to discuss these options.
13. Declaration	
I/we hereby apply for planning permission/consent as described in thi information. I/we confirm that, to the best of my/our knowledge, any f	s form and the accompanying plans/drawings and additional
genuine opinions of the person(s) giving them.	
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY): (date canno
	pre-applicat
14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Extension Country code: National number: number
Treational matrix in the state of the state	National number.
Country code: Mobile number (optional):	Country code: Mobile number (optional):
	07940872576
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or	
f the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Applicant Other (if different from agent/applicant's detail
Other has been selected, please provide: Contact name:	Talanhana numbari
Sontact name:	Telephone number:
mail address:	
IN A IR OI PAGE CONTACT ADDITION	T
* NB. PLEASE CONTACT APPLICAN FOR PAYMENT	DEVELOPMENT CONTROL
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