

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

Householder Application for Planning Permission for works or extension to a dwelling. 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. 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 their obligations in regards to the processing of your application. Please refer to their 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:



planning@leeds.gov.uk 0113 222 4409

Planning Services
Merrion House
110 Merrion Centre Leeds LS2 8BB

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 require any 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.

1. Applica	ant Name and Address		
Title:	MR First name: CARL		
Last name:	JOHNSTON		
Company (optional):			
Unit:	House 16 House suffix:		
House name:			
Address 1:	KEATS CLUSE		
Address 2:			
Address 3:			
Town:	PONTEFRACT		
County:	WEST YORKSHIRE		
Country:	ENGLAND		
Postcode:	WF8 1SP		

2. Agent	Name and Address		
Title:	First name: ALAN		
Last name:	HARRISON		
Company (optional):	GEDAGE ELLIOTT & ASCOCIATES LTD.		
Unit:	House House number: suffix:		
House name:	CHURCHILL HOUSE		
Address 1:	29 MILL HILL ROAD		
Address 2:			
Address 3:			
Town:	PONTETRACT		
County:	WEST YURKSHIRE		
Country:	ENGLAND		
Postcode:	WF8 4HY.		

3. Description of Proposed Works	
Please describe the proposed works:	
TWO STORIEY EXTENSION TO REAR DETACHED GARAGE AT REAR	, PURCH TO FRONT &
DETACHED GARAGE AT REAK	
;~	
Has the work already started? Yes No	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	(date must be pre-application submission)
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site. Unit: House number: 47 House suffix:	Is a new or altered vehicle access proposed to or from the public highway? Yes No
House name:	Is a new or altered pedestrian access proposed to or from the public highway? Yes No
Address 1: WALLEFIELD ROAD	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes
Address 2:	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: SWILLINGTON LEEDS	
County: WEST YORKSTIRE	
Postcode (optional): L526 8DT	
6. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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 possible:	7. Trees and Hedges Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Officer name:	
Reference:	
Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	Will any trees or hedges need to be removed or pruned in order to carry out your proposal? If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.

8. Parking Will the proposed wor	ks affect existing car parking arrangements?	Yes No			
If Yes, please describe					
means related, by birtr	loyee / Member iple of decision-making that the process is open an or otherwise, closely enough that a fair minded an as bias on the part of the decision-maker in the loca	nd informed obs	erver, having considered the facts	elated would	to"
	g 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	n:	
If Yes, please provide o	details of their name, role and how you are related t	to them.		- 2.	
10. Materials					
If applicable, please sta	te what materials are to be used externally. Include	e type, colour ar	nd name for each material:	Т	
	Existing (where applicable)	Proposed		Not applicable	Don't Know
Walls	FRONG BRICK	,	TO GARRIES SIDES &		
		DOAR.	100,000		
Roof	INTERLOZICING TILES	INTER	wiking tiles		
Windows	WHITE CPVC	WHITE	PR.		
Doors	WHITE FRAME & BLACK COMPOSITE FRONT DOOR WHITE UPVE PATTO DOORS AT RESTOR.	DODRS	NIUM BIFOLDING, AT READ SITE FRONT DOOR RCHI.		
Boundary treatments (e.g. fences, walls)	BRILL WALLS.			d	

10. Materials			
If applicable, please sta	ate what materials are to be used externally. Include type, colour and name for each material:		
Vehicle access and hard-standing	FREE DIRMINING SURFACE	E	
Lighting			
Others (please specify)			
	litional information on submitted plan(s)/drawing(s)/design and access statement?	Yes	No
If Yes, please state refer	rences for the plan(s)/drawing(s)/design and access statement:		
10420-2	EXTENSION & DURCH DLANS AS DRODOSED		
10420-3 E	CLEVATIONS AS PROPOSED INC. GARAGE & SITE PLAN.		
LOCASTON PU			

11. Ownership Certificates and	Agricultural Land Declaration	
One Certi	ficate A, B, C, or D, must be completed with this application	on form
	CERTIFICATE OF OWNERSHIP - CERTIFICATE A evelopment Management Procedure) (England) Order 20 te day 21 days before the date of this application nobody except to which the application relates, and that none of the land	
NOTE: You should sign Certificate B, C application relates but the land is, or i	or D, as appropriate, if you are the sole owner of the land s part of, an agricultural holding.	or building to which the
* "owner" is a person with a freehold intere ** "agricultural holding" has the meaning	est or leasehold interest with at least 7 years left to run. given by reference to the definition of "agricultural tenant" in se	ction 65(8) of the Act.
Signed - Applicant:		Date (DD/MM/YYYY):
		23/01/2024
21 days before the date of this application application relates. * "owner" is a person with a freehold interest.	CERTIFICATE OF OWNERSHIP - CERTIFICATE B velopment Management Procedure) (England) Order 201 ve/the applicant has given the requisite notice to everyone on, was the owner* and/or agricultural tenant** of any part st or leasehold interest with at least 7 years left to run. liven in section 65(8) of the Town and Country Planning Act 1990	else (as listed below) who, on the day of the land or building to which this
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Signed Applicant		
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)

11. Ownership Certificates and Agric	ultural Land Declaration (co	ontinued)	
Town and Country Planning (Develope I certify/ The applicant certifies that: Neither Certificate A or B can be issued	ERTIFICATE OF OWNERSHIP - CER ment Management Procedure) (En For this application	TIFICATE C ngland) Order 2015 Certificate	
All reasonable steps have been taken to the land or building, or of a part of it, b * "owner" is a person with a freehold interest or lead * "acticultural tonat" has the magning steps.	asehold interest with at least 7 years	nable to go so.	ricultural tenants** of
** "agricultural tenant" has the meaning given in The steps taken were:	section 65(8) of the Town and Counti	ry Planning Act 1990	
Name of Owner / Agricultural Tenant	Address		Date Notice Served
		,	
			<u>. </u>
Notice of the application has been published in (circulating in the area where the land is situate	n the following newspaper ed):	On the following date (which than 21 days before the dat	h must not be earlier e of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
I Town and Country Planning (Developm	RTIFICATE OF OWNERSHIP - CERT	TFICATE D	under Article 14
Certificate A cannot be issued for this an	onlication		
 All reasonable steps have been taken to date of this application, was the owner* have/ the applicant has been unable to 	find out the names and addresses and/or agricultural tenant** of any	of everyone else who, on the da part of the land to which this a	y 21 days before the pplication relates, but I
* "owner" is a person with a freehold interest or leas ** "agricultural tenant" has the meaning given in so	sehold interest with at least Wears lo	ft to run. Planning Act 1990	
The steps taken were:			
Notice of the application has been published in (circulating in the area where the land is situated	the following newspaper	On the following date (which than 21 days before the date	n must not be earlier of the application):
Signed - Applicant:	Or signed - Agent:	J	Date (DD/MM/YYYY):

. 2			
	12. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all tinformation required will result in your application being deemed ithe Local Planning Authority (LPA) has been submitted.	he information in sup nvalid. It will not be o	oport of your proposal. Failure to submit all considered valid until all information required by
ı	The original and & copies* of a completed and dated application form: The original and design and access	3 copies* of a	The correct fee:
200	The original and & copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: The original and & copies* of other plans and drawings or information necessary to describe the subject of the application:	fall within a a or	The original and & copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):
	*National legislation specifies that the applicant must provide the total of four copies), unless the application is submitted electronica LPAs may also accept supporting documents in electronic format b You can check your LPA's website for information or contact their p	A DOST ITOT AVAMAIA	on a CD DVD or ISD momony chiefs
ſ	13. Declaration	-	
	I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, ar genuine opinions of the person(s) giving them.	this form and the acc ny facts stated are tru	companying plans/drawings and additional le and accurate and any opinions given are the
ı	Signed - Applicant: Or s		Date (DD/MM/YYYY):
1			23/01/2024 (date cannot be pre-application)
1			
			pre-application)
1	14. Applicant Contact Details	15. Agent Co	
	14. Applicant Contact Details Telephone numbers	15. Agent Co	ntact Details
	Telephone numbers Extension	Telephone numb	ntact Details pers
	Telephone numbers	Telephone numb	ntact Details
	Telephone numbers Country code: National number: Extension number:	Telephone numb	ntact Details Ders Extension
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	Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): The planning authority needs to make an appointment to carry to carry the ca	Country code: Country code: Country code: Email address (or	National number: Mobile number (optional): Fax number (optional): ptional): Yes No
	Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Country code: Country code: Country code: Email address (or	ntact Details Deers National number: Mobile number (optional): Fax number (optional): ptional):
	Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): The planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:	Country code: Country code: Country code: Email address (or or other public land?	National number: National number: Mobile number (optional): Fax number (optional): ptional): Yes No Applicant Other (if different from the agent/applicant's details)
	Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Country code: Country code: Country code: Email address (or	National number: National number: Mobile number (optional): Fax number (optional): ptional): Yes No Applicant Other (if different from the agent/applicant's details)
	Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): The planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:	Country code: Country code: Country code: Email address (or or other public land?	National number: National number: Mobile number (optional): Fax number (optional): ptional): Yes No Applicant Other (if different from the agent/applicant's details)