

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

## Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) 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 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:**



## Somerset Planning - East Team

Cannards Grave Road, Shepton Mallet, BA4 5BT Web: www.somerset.gov.uk Email: Planningeast@somerset.gov.uk

Tel: 0300 123 2224

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.

Applicant Name and Address					
Title:	Ms	First name:	daisy		
Last name:	t ayl or				
Company (optional):					
Unit:		House number:	3E House suffix:		
House name:					
Address 1:	wi	lfrid			
Address 2:					
Address 3:					
Town:	str	еє			
County:	son	nerse			
Country:	uk				
Postcode:	ba1	6 0e			

2. Agent Name and Address						
Title:	mr First name: dona					
Last name:	taylc					
Company (optional):	don taylor & assoc					
Unit:	House number: 7 House suffix:					
House name:						
Address 1:	moselle aver					
Address 2:						
Address 3:						
Town:	wood gree					
County:	londo					
Country:	UK					
Postcode:	n22 6e					

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3. Site Address Details	4. Pre-application Advice						
Please provide the full postal address of the application site.  House Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?    X   Yes   No						
number: Starting:	X res No						
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this						
Address 1: wilfric	application more efficiently). Please tick if the full contact details are not						
Address 2:	known, and then complete as much as possible:						
Address 3:	Officer name: Un-name(						
Town: stre€	Reference:						
County: Somers€	Not registe						
Postcode (optional): ba16 0e	Date (DD/MM/YYYY): 19/01/2(						
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission)  Details of pre-application advice received?						
Easting: Northing:	misdirected to proceed						
Description:	to planning permission an						
	advice given						
5. Description Of Your Proposal							
Please provide a description of the approved development as shown and date of decision in the sections below:	n on the decision letter, including the application reference number						
internal alterations and at ground	d floor and						
insertion of roof windows to allow	w for a loft (						
Reference number: 2023/0422 Date of decision:	23/01/2( (Date must be pre-application						
Please state the condition number(s) to which this application relates	Submission) (DD/MM/YYYY)						
1.	6. fi replac						
2.	7.						
3. Joinery details (roof	8.						
4. closure of ground	9.						
5.	10.						
Has the development already started?	Yes X No						
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)						
Has the development been completed?	Yes X No						
If Yes, please state when the development was completed (DD/MM/Y	(date must be pre-application submission)						
6. Discharge Of Condition							
Please provide a full description and/or list of the materials/details the	nat are being submitted for approval:						
No 3 Rooflights - Apper No 4 Closure - Appende							
No 6 Fireplaces - appen							
7. Part Discharge Of Condition(s)							
Are you seeking to discharge only part of a condition?							
If Yes, please indicate which part of the condition your application relates to:							

	to make sure you have sent all th our application being deemed in	he information in support of your proposal. Failure to submit all avalid. It will not be considered valid until all information require	
The original and 3 copies* of a completed and dated application for	orm: NA The	e original and 3 copies* of other plans and drawings nformation necessary to describe the subject of the application:	: <b>m</b>
The correct fee:	X		
total of four copies), unless the app LPAs may also accept supporting do	lication is submitted electronicall ocuments in electronic format by	riginal plus three copies of the form and supporting documents ly or, the LPA indicate that a smaller number of copies is require post (for example, on a CD, DVD or USB memory stick). lanning department to discuss these options.	
9. Declaration			
I/we hereby apply for planning perr information. I/we confirm that, to th genuine opinions of the person(s) of	nission/consent as described in e best of my/our knowledge, any giving them.	this form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are	the
Signed - Applicant:		Or signed - Agent:	
		Don Taylc	
Date (DD/MM/YYYY):			
07/01/2( (da	te cannot be pre-application)		
10. Applicant Contact Deta	ils	11. Agent Contact Details	
Telephone numbers		Telephone numbers	
Country code: National number:	Extension number:		ension mber:
, realisment numbers		44 07940 5375	
C		Country code: Mobile number (optional):	
		dit t o	
Country code: Fax number (option	onal):	Country code: Fax number (optional):	
Email address (optional):		Email address (optional):	
		dontaylor.uk@gmail.co	
12. Site Visit			
Can the site be seen from a public	road, public footpath, bridleway	or other public land? X Yes No	
If the planning authority needs to mout a site visit, whom should they c	nake an appointment to carry ontact? (Please select only one)	X Agent Applicant Other (if different fr	
If Other has been selected, please p	provide:		,
Contact name:  donald tay		Telephone number:	
donaid tay		07940 5375	
Email address: donta	vlor uk@amail.com	- lower cas	