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# 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:**

North Kesteven District Council, District Council Offices Kesteven Street, Sleaford, Lincolnshire NG34 7EF

Telephone: 01529 414155

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North Kesteven District Council

### **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. Applicant Name and Address		
Title:	MR First name: LEE	
Last name:	BANNER	
Company (optional):		
Unit:	House number: 28 House suffix:	
House name:		
Address 1:	Address 1: EASTGATE.	
Address 2:	BASSINGHAM	
Address 3:	Fibrary Charles Total	
Town:		
County:	LINCT	
Country:	UK	
Postcode:	LN5 935	

2. Agent	Name and Address	
Title:	MR First name: WAYNE	
Last name:	ISZATT .	
Company (optional):		
Unit:	House number: 85 House suffix:	
House name:		
Address 1:	THE DROVE	
Address 2:	······································	
Address 3:		
Town:	SLEAFORD	
County:	LINCS	
Country:	UK	
Postcode:	NG34 85Q	

3. Description of Proposed Works	
Please describe the proposed works:	
SINGLE STOREY DETACHED A	NNEXE
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?  Yes  No	
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.	Is a new or altered vehicle access
number: suffix:	proposed to or from the public highway? Yes No
House name: AS APPLICANT	proposed to or from the public highway? Yes No
Address 1:	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?
Address 2:	If Yes to any questions, please show details on your plans or
Address 3:	drawings and state the reference number(s) of the plan(s)/drawing(s):
Town:	
County:	
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 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:	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:
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 world If Yes, please describe:	ks affect existing car parking arrangements?	Yes I	No		
means related, by birth	loyee / Member iple of decision-making that the process is open an or otherwise, closely enough that a fair minded ar as bias on the part of the decision-maker in the loca	nd informed ob	server, having considered the facts.	elated i	to"
Do any of the following	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	i:	
If Yes, please provide o	details of their name, role and how you are related	to them.			
10. Materials f applicable, please sta	ate what materials are to be used externally. Includ	e type, colour	and name for each material:		
	Existing (where applicable)	Proposed		Not applicable	Don' Knov
Walls			ZED BLOCK FINISHED MITE PAINT		
Roof			EY SMOOTH TILES IN DANK		
Windows		ATHRA	CITE GREY UPUC		
Doors		FOR T	ACITE GREY UPVO FRENCH DOORS DOOR-SAND COLOU		
Boundary treatments (e.g. fences, walls)				8	

10. Materials  If applicable, please state what materials are to be used ex	xternally. Include type, colour and name for each material:		
Vehicle access and hard-standing	Z	1	
Lighting		4	
Others (please specify)		4	
Are you supplying additional information on submitted pl If Yes, please state references for the plan(s)/drawing(s)/de			No
PLAMS AND SUPPORTING			

# 11. 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 freehold interest or leasehold interest with at least 7 years left to run. \*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): **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. \* "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 Name of Owner / Agricultural Tenant Address Date Notice Served Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

12. Planning Application Requirements - Checklist	
information required will result in your application being deemed the Local Planning Authority (LPA) has been submitted.	the information in support of your proposal. Failure to submit all invalid. It will not be considered valid until all information required by
The original and 3 copies* of a  The original and completed and dated application form:  The original and design and acce	3 copies* of a The correct fee:
The original and 3 copies* of a plan which proposed works conservation are	fall within a The original and 3 conjes* of the
*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 I You can check your LPA's website for information or contact their	e original plus three copies of the form and supporting documents (a ally or, the LPA indicate that a smaller number of copies is required. by post (for example, on a CD, DVD or USB memory stick). planning department to discuss these options.
13. Declaration	
I/we hereby apply for planning permission/consent as described in	n this form and the accompanying plans/drawings and additional any facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or signed - Age	nt: Date (DD/MM/YYYY):
	1/ lo 2 /2 (date cannot be
	pre-application)
14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Extension
Country code: Mobile number (optional):	Country code: Mobile number (optional):
	07972 696872
Country code: rax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
	architects in white agreed . con
16. Site Visit	
Can the site be seen 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 the planning authority needs to make an appointment to carry out a site visit, whom should they contact? ( <i>Please select only one</i> ) If Other has been selected, please provide:  Contact name:	Agent Applicant Other (if different from the agent/applicant's details)  Telephone number: