

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:

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.

1. Applicant Name and Address					
Title:	Mr First name: J				
Last name:	Munday				
Company (optional):					
Unit:	House number: House suffix:				
House name:	Flat 1				
Address 1:	108 Churchway House				
Address 2:	Churchway				
Address 3:	Haddenham				
Town:	Aylesbury				
County:					
Country:					
Postcode:	HP17 8NU				

2. Agent Name and Address							
Title:	Mr	First name:	Matthew				
Last name:	Trotter						
Company (optional):							
Unit:		House number:	4	House suffix:			
House name:							
Address 1:	Ashford (Close					
Address 2:							
Address 3:							
Town:	Aylesbur	У					
County:	Bucks						
Country:							
Postcode:	HP21 9T	W					
		Vo	rsion 2018				

3. Site Address Details		4. Pr	e-applica	ntion Advice		
Please provide the full postal address of the application site.		Has assistance or prior advice been sought from the local				
Unit:	House number: House suffix:		author	ny about n	Yes X No	
House name:	Land to the rear of		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: 108 Churchway			ation more tick if the f	efficiently). ull contact details are not		
Address 2: Churchway		known, and then complete as much as possible:				
Address 3:	Haddenham		Officer name:			
Town:	Aylesbury		Reference:			
County:						
Postcode (optional):			Date (DD/MM/YYYY): (must be pre-application submission)			
Description (must be co	of location or a grid reference. Impleted if postcode is not known):		Details of pre-application advice received?			
Easting:	Northing:					
Description						
		<u></u>				
	ption Of Your Proposal vide a description of the approved developme	ent as shown	on the o	decision let	ter, including the application reference number	
and date of	decision in the sections below:					
	b-bedroom flats, alterations to existing ga Ilignment of the existing vehicular access				provision of dedicated bin & cycle stores,	
Reference r	number: APP/J0405/W/22/3292222 Date o	f decision:	18 Ja	n 2023	(Date must be pre-application submission) (DD/MM/YYYY)	
Please state	e the condition number(s) to which this applic	cation relate	S:			
7 - Biodiversity features		6.				
2. 9	- Tree protection measures.		7.			
3.			8.			
4.			9.			
5.			10.			
Has the dev	velopment 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/YYYY): (date must be pre-application submission)						
6. Discharge Of Condition						
Please provide a full description and/or list of the materials/details that are being submitted for approval:						
Elevations showing biodiversity features plus report from ARC Arboricultural						
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:						
in 1997 product maleute which part of the condition your application relates to.						

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed inv the Local Planning Authority (LPA) has been submitted.					
The original and 3 copies* of a completed and dated application form:	original and 3 copies* of other plans and drawings Iformation necessary to describe the subject of the application:				
The correct fee:					
*National legislation specifies that the applicant must provide the ori total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pla	y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick).				
9. Declaration I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent:				
	M Trotter				
Date (DD/MM/YYYY): 12/02/2024 (date cannot be pre-application)					
10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Extension number:	Country code: National number: Extension number:				
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
Country code: Fax number (optional):	Country code: Fax number (optional):				
Email address (optional):	Email address (optional):				
12. Site Visit					
Can the site be seen from a public road, public footpath, bridleway or	r 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)	x Agent Applicant Other (if different from the agent/applicant's details)				
If Other has been selected, please provide: Contact name:	Telephone number:				
Matthew Trotter	07753827008				
1	U11330Z1UU0				

Email address:

matt@mwtarchitecture.co.uk