

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 Dover District Council White Cliffs Business Park, Dover, Kent CT16 3PJ. Tel: 01304 821199 www.dover.gov.uk/planning Email: developmentcontrol@dover.gov.uk

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	2. Agent Name and Address
Title:	MR First name: MARK	Title: First name:
Last name:	inaus	Last name:
Company (optional):		Company (optional):
Unit:	House House suffix:	Unit: House House suffix:
House name:	ANSELM ROAD	House name:
Address 1:		Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:	DOVER	Town:
County:	Kaut	County:
Country:	υκ	Country:
Postcode:	CTI7 ODF	Postcode:

3. Description of Proposed Works	· · · ·
Please describe the proposed works:	
DECKING # RAISED DECKING GARDEN	DUE TO A STORP SLOPWY
GARDEN	14
Has the work already started?	
Has the work already started? Yes No If Yes, please state when the work was started (DD/MM/YYYY):	
Has the work strendy been consulated.	23 Joふ 23 (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 House	Is a new or altered vehicle access proposed to or from the public highway? Yes Yes
House ANSELM LODD	Is a new or altered pedestrian access proposed to or from the public highway?
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 drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: Device	
County: Keur	
Postcode (optional): CTIFODF	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local authority about this application?	Are there any trees or hedges on your own
If Yes, please complete the following information about the advice	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	development? Yes Yes If Yes If Yes, please mark their position on a scaled
application more efficiently). Please tick if the full contact details are not	plan and state the reference number of any plans or drawings:
known, and then complete as much possible:	
Reference:	
	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY): (must be pre-application submission)	order to carry out your proposal? Yes Vo If Yes, please show on your plans which trees by giving them
Details of the pre-application advice received:	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 works	s affect existing car parking arrangements?	es VN	0		
If Yes, please describe:]
means related, by birth	byee / Member ble of decision-making that the process is open and or otherwise, closely enough that a fair minded and bias on the part of the decision-maker in the local	l informed ob	server, having considered the facts, v	lated to vould)"
Do any of the following	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	1	
If Yes, please provide de	etails of their name, role and how you are related to	them.			
10. Materials					2
If applicable, please stat	e what materials are to be used externally. Include	type, colour a	and name for each material:	e	
	Existing (where applicable)	Proposed		10 0 1	Don't Know
Walls				2	
Roof					
Windows					
Doors				Ø	
Boundary treatments (e.g. fences, walls)				V	
			Version 2018 1		

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		7	
Lighting	ί.	2	
Others (please specify)	DERKING BOORDS DECKING JOISTS FENCE POSTS TO Sullong RAISED DECKING		
	ruonal information on submitted plan(s)/drawing(s)/design and access statement?		No
If Yes, please state refer	rences for the plan(s)/drawing(s)/design and access statement:		
DECKING	SCRENS METAL SUPPORT BLACKETS FOR JOISTS		

11. Öwnership Certificates and				
Town and Country Planning (De I certify/The applicant certifies that on the owner* of any part of the land or building is part of, an agricultural holding**	CERTIFICAT velopment Man e day 21 days bef g to which the ap	plication relates, and that none of th	der 2015 Certificate ody except myself/ the le land to which the a	oplication relates is, or
NOTE: You should sign Certificate B, C application relates but the land is, or is	s part of, an agri	cultural holding.	he land or building t	o which the
* "owner" is a person with a freehold interes ** "agricultural holding" has the meaning g	st or leasehold inte given by reference	erest with at least 7 years left to run. to the definition of "agricultural tenar	nt" in section 65(8) of th	
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
N/A		NA		NA
Town and Country Planning (De I certify/ The applicant certifies that I ha 21 days before the date of this application application relates. * "owner" is a person with a freehold intere ** "agricultural tenant" has the meaning g	ve/the applicant on, was the own st or leasehold int	er* and/or agricultural tenant** of a erest with at least 7 years left to run.	any part of the land o	r building to which this
Name of Owner / Agricultural Tenant		Address		Date Notice Served
Dover District	white (Honey w	liffs Business food Lane CT16	3PJ	5-2-24
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY);
		N (A		
				ナームーンチ

(11 Ownership Cortificator and A	eviculture I and Declaration (continue I)	
Town and Country Planning (Dev I certify/ The applicant certifies that: Neither Certificate A or B can be in All reasonable steps have been ta the land or building, or of a part of "owner" is a person with a freehold interest	Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C elopment Management Procedure) (England) Order assued for this application ken to find out the names and addresses of the other ow f it, but I have/ the applicant has been unable to do so. or leasehold interest with at least 7 years left to run. en in section 65(8) of the Town and Country Planning Act 1	wners* and/or agricultural tenants** of
Name of Owner / Agricultural Tanant		1
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Notice of the application has been publis (circulating in the area where the land is s Signed - Applicant:	CERTIFICATE OF OWNERSHIP - CERTIFICATE D	Dwing date (which must not be earlier ys before the date of the application): Date (DD/MM/YYYY):
 Certify/ The applicant certifies that: Certificate A cannot be issued for t All reasonable steps have been tak date of this application, was the ov have/ the applicant has been unab "owner" is a person with a freehold interest of 	Iopment Management Procedure) (England) Order 2 his application en to find out the names and addresses of everyone else vner* and/or agricultural tenant** of any part of the lan le to do so. or leasehold interest with at least 7 years left to run. n in section 65(8) of the Town and Country Planning Act 19 ed in the following newspaper On the follow	e who, on the day 21 days before the d to which this application relates, but I
Signed - Applicant:	Or signed - Agent:	
		Date (DD/MM/YYYY):

fee with the stress Berndan and A Physiolicat	
12. 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.	alid. It will not be considered valid until all information required by
The original and 3 copies* of a The original and 3 c	opies* of a The correct fee:
completed and dated application form: The original and 3 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 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	within a The original and 3 copies* of the completed, dated Ownership
*National legislation specifies that the applicant must provide the or 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	bost (for example, on a CD, DVD of OSB memory stick).
13. 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.	facts stated are true and accurate and any opinions given are the
Or signed - Agent:	Date (DD/MM/YYY):
	06/02/2024 (date cannot be pre-application)
14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers	Telephone numbers
Extension	Extension
Country code: National number: Extension number:	Country code: National number: Extension number:
Extension	Extension
Country code: National number: Extension number:	Country code: National number: Extension number: Country code: Mobile number (optional):
Country code: National number: Extension number:	Country code: National number: Extension number:
Country code: National number: Extension number:	Country code: National number: Extension number: Country code: Mobile number (optional):
Country code: National number: Extension number:	Country code: National number: Extension number: Country code: Mobile number (optional):
Country code: National number: Extension number:	Country code: National number: Extension number: Country code: Mobile number (optional):
Country code: National number: number: number:	Country code: National number: Extension number: Country code: Mobile number (optional):
Country code: National number: Extension number:	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
Country code: National number: Extension number: Country code: Mebile number (ontional): Country code: Mebile number (ontional): 16. Site Visit Can the site be seen from a public road, public footpath, bridleway or	Country code: National number: Extension number: Country code: Mobile number (optional):
Country code: National number: Extension number: Country code: Mobile number (ontional): Country code: Mobile number (ontional): 16. Site Visit Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
Country code: National number: number: Country code: Mabile number (optional): Country code: Mabile number (optional): 16. Site Visit Can the site be seen from a public road, public footpath, bridleway of If 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: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional):
Country code: National number: number: Country code: Mobile number (ontional): Country code: Mobile number (ontional): 16. Site Visit Can the site be seen from a public road, public footpath, bridleway of If 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: Contact name:	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): Tother public land?
Country code: National number: number: Country code: Mabile number (optional): Country code: Mabile number (optional): 16. Site Visit Can the site be seen from a public road, public footpath, bridleway of If 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: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional):

