

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:

Planning Services

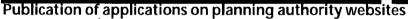
Shropshire Council, PO Box 4826

Shrewsbury, SY1 9LJ

Tel: 0345 678 9004

Email: customer.services@shropshire.gov.uk

www.shropshire.gov.uk/planning



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 you application.

1. Applicant Name and Address		
Title:	MR First name: DAVID	
Last name:	THORLEY.	
Company (optional):		
Unit:	House number: 19 House suffix:	
House name:		
Address 1:	TREVOR MENUE	
Address 2:	St Markins	
Address 3:		
Town:	DSWESTRY.	
County:	SHROPSHIRE	
Country:	ENGLAND	
Postcode:	SYII 3AW.	

o text as incorrect completion will delay the processing of your					
2. Agent Name and Address					
Title:	First name:				
Last name:	3				
Company (optional):					
Unit:	House rumber: House suffix:				
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

Version 2018

3. Site Address Details  Please provide the full postal address of the application site.		4. Pre-application Advice Has assistance or prior advice been sought from the local			
Unit:	House House	authority about this application?			
House	number: suffix: Suffix	If Yes, please complete the following information about the advice			
name: Address 1:	TREFONEN ROAD	you were given. (This will help the authority to deal with this application more efficiently).			
Address 2:	TREFLACH	Please tick if the full contact details are not known, and then complete as much as possible:			
Address 3:	INCACA	Officer name:			
		SARA ROBINSON			
Town:	OSWESTRY SHOOM OF	Reference:			
County: Postcode	Stropshire	24/00073/AGR			
(optional):	SY10 9HE	Date (DD/MM/YYYY): (must be pre-application submission)			
Description of location or a grid reference. (must be completed if postcode is not known):		Details of pre-application advice received?			
L	<u>05938</u> Northing: <u>325819</u>				
Description & Acres	FORMER QUARRY, BEING RETURNED.				
10 A W	CLOLIFE SITE + OUTDOOR EDUCATION PACILITY				
		/			
	ption Of Your Proposal  /ide a description of the approved development as shown	n on the decision letter, including the application reference number			
and date of	f decision in the sections below:				
JOULE	DINGS FOR STORAGE				
Reference r	number: 24/00073/AGR Date of decision:	(Date must be pre-application submission) (DD/MM/YYYY)			
Please state	e the condition number(s) to which this application relate	· · · · · · · · · · · · · · · · · · ·			
1.		6.			
2.		7.			
3.		, 8.			
4.		9.			
5.		10.			
Has the de	velopment already started?	Yes No			
If Yes, plea	se state when the development started (DD/MM/YYYY):	(date must be pre-application submission)			
Has the de	velopment been completed?	Yes No			
If Yes, plea	If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
	arge Of Condition				
	vide a full description and/or list of the materials/details th				
AS DE CONDITION CONFISED IN HANDS I WILL ATHERE TO CONDITIONS SET OUT AND WILL PROVIDE BIRD BOXESTRAT ROX IN ADDITION TO LIGHTING PLAN PRIOR TO MY INSTALLATION ON DUILDING AS PER REDUCTION BY USE AF FACILITY.					
7. Part D	ischarge 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:					

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 in the Local Planning Authority (LPA) has been submitted.	
	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 t information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant	Or signed - Agent:
Date (DD/MM/YYYY):	
15 102 12024. (date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
10. Applicant Contact Details  Telephone numbers	11. Agent Contact Details  Telephone numbers
Telephone numbers  Extension	Telephone numbers  Extension
Telephone numbers	Telephone numbers
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Telephone numbers  Country code: National number: Extension number:  12. Site Visit  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)  If Other has been selected, please provide:	Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Other public land? Yes No  Applicant Other (if different from the agent/applicant's details)
Telephone numbers  Country code: National number:  Description: Description of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Other public land? Yes  No  Applicant Other (if different from the

Email address:

Alt & Worth Shropshire Pluming Services. To Shropshire Caucil Po Box 4826

DECEIVE Brewsowy
22 FEB 2024
SYI 9LS.