

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:	S		
Last name:	Miskin				
Company (optional):	NMC Citroen				
Unit:	House number: House suffix:				
House name:					
Address 1:	Stocklake				
Address 2:					
Address 3:					
Town:	Aylesbury				
County:	Bucks				
Country:					
Postcode:	HP20 1D	N			

2. Agent Name and Address						
Title:	Mr	First name:	М			
Last name:	Trotter					
Company (optional):	MWT Architecture Ltd					
Unit:		House number:	4	House suffix:		
House name:						
Address 1:	Ashford Close					
Address 2:						
Address 3:						
Town:	Aylesbu	ry				
County:	Bucks					
Country:						
Postcode:	HP21 9 ⁻	ΓW				
		Ve	rsion 2018			

3. Site Address Details		4. Pre-application Advice				
Please provide the full postal address of the application site.		Has assistance or prior advice been sought from the local authority about this application?				
Unit:	House number:	House suffix:		,	i les 🔀 NO	
House name:	NMC Citroen		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1:	Address 1: Stocklake		application more efficiently). Please tick if the full contact details are not			
Address 2:	Address 2:		known, and then complete as much as possible:			
Address 3:			Office	r name:		
Town:	Town: Aylesbury		Reference:			
County:	HP20 1DN					
Postcode (optional):			Date (DD/MM/YYYY):			
Description	of location or a grid reference. mpleted if postcode is not known)		(must be pre-application submission) Details of pre-application advice received?			
Easting:	Northing:	·	Dotain	sor pro app	mountain advice received.	
Description						
·						
[J				
5. Descri	otion Of Your Proposal					
Please prov	ide a description of the approved o	development as shown	on the	decision lett	er, including the application reference number	
	decision in the sections below: ed conversion of existing works	han into now shower	oom do	malitian of	evicting valeting buildings and	
	of new workshop to rear (Ame				existing valeting buildings and	
Reference r	umber: 24/00410/APP	Date of decision:	26/03	/2024	(Date must be pre-application submission) (DD/MM/YYYY)	
Please state	e the condition number(s) to which	this application relate	S:	ı		
1. 5	(five)		6.			
2.			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?						
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
	rge Of Condition					
	ide a full description and/or list of		nat are be	eing submit	ted for approval:	
CTMP and compound drawing submitted						
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:						
ir res, piease indicate which part of the condition your application relates to:						

	all the information in support of your proposal. Failure to submit all ed invalid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:
The correct fee:	
9. Declaration I/we hereby apply for planning permission/consent as describe information. I/we confirm that, to the best of my/our knowledg genuine opinions of the person(s) giving them. Signed - Applicant:	d in this form and the accompanying plans/drawings and additional e, any facts stated are true and accurate and any opinions given are the Or signed - Agent:
	M Trotter
Date (DD/MM/YYYY): 09/04/2024 (date cannot be pre-application	1)
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extens 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, bridley	way or other public land? X Yes No
If the planning authority needs to make an appointment to carrout a site visit, whom should they contact? (Please select only on	Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide: Contact name:	Telephone number:
M Trotter	07753 827008

Email address:

matt@mwtarchitecture.co.uk