

UTTLESFORD DISTRICT COUNCIL

Council Offices, London Road, Saffron Walden, Essex CB11 4ER Telephone (01799) 510510 Textphone Users 18001 Email planning@uttlesford.gov.uk Website www.uttlesford.gov.uk

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1.Applicant Name and Address		2.Agent Name and Address		
Title:	Ms First name: O	Title: Mr First name: J		
Last name:	Davies	Last name: Denn		
Company (optional):		Company (optional):		
Unit:	House number: 7 House suffix:	Unit: House House Suffix:		
House name:	The Ravens	House name: Bridgefoot		
Address 1:	The Street	Address 1: Hempstead Road		
Address 2:	Berden	Address 2:		
Address 3:		Address 3:		
Town:	Bishops Stortford	Town: Radwinter		
County:	Essex	County: Essex		
Country:		Country:		
Postcode:	CM23 1AT	Postcode: CB10 2TQ		

3. Description of Proposed Works

Please describe the proposed works:

Single storey rear extensions. Front porch

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
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 proposed to or from the public highway? Yes X No
onit: number: suffix:	Is a new or altered pedestrian access
House The Ravens	proposed to or from the public highway? Yes X No Do the proposals require any diversions,
Address 1: The Street	extinguishments and/or creation of public rights of way?
Address 2: Berden	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: Bishops Stortford	
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? Yes X No 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: Cofficer name	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your boundary? Yes X No If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes X No 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 works affect existing car parking arrangements? Yes If Yes, please describe:	9. Council Employee / Member Is the applicant or agent related to any member of staff or elected member of the council? Yes X If Yes, please provide details:

\$Date: 2007/08/22 15:20:03 \$ \$Revision: 1.52 \$

10. Materials						
If applicable, please state what materials are to be used externally. Include type, colour and name for each material:						
	Existing (where applicable)	Proposed	0 - 0 - 1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Don't Know	Drawing references if applicable	
Walls	Render/cement board	Render				
Roof	Tiles/Flat	Flat				
Windows	Timber	timber				
Doors	Timber/aluminium	Timber/aluminium				
Boundary treatments (e.g. fences, walls)			X			
Vehicle access and hard-standing			x			
Lighting			X			
Others (please specify)			X			
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? X Yes No If Yes, please state references for the plan(s)/drawing(s)/design and access statement:						
DA 1223.01 & 02B (A3 size)						

11. Certificates							
One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form							
CERTIFICATE OF OWNERSHIP - CERTIFICATE A							
I certify/The applicant certifies that on the	Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7 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 <i>(owner is a person with a freehold i</i> which the application relates.	interest or leasehold	d interest with at least 7 yea	<i>ars left to run)</i> of any part of the	and or building to			
Signed - Applicant:	Date (DD/MM/YYYY):						
		Jeremy Denn		09/04/2024			
				09/04/2024			
CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the da 21 days before the date of this application, was the owner (<i>owner is a person with a freehold interest or leasehold interest with at least 7 year</i> <i>left to run</i>) of any part of the land or building to which this application relates.							
Name of Owner		Address		Date Notice Served			
Signed - Applicant: CERTIFICA Town and Country Planning (General I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this. All reasonable steps have been taken to find out the interest or leasehold interest with at least 7 years left to unable to do so.		plication ames and addresses of th	Drder 1995 Certificate under A	on with a freehold			
The steps taken were:							
Name of Owner		Address	Date Notice Served				
	Notice of the application has been published in the following newspaper (circulating in the area where the land is situated): On the following date (which must not be earlier than 21 days before the date of the application):						
				,			
Signed Applicant:		Orcianod Areat					
Signed - Applicant:]	Or signed - Agent:		Date (DD/MM/YYYY):			
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11. Certificates (continued)		
I certify/ The applicant certifies that: Certificate A cannot be issued for All reasonable steps have been date of this application, was the owner (approximation) part of the land to which this application	taken to find out the names and addresses o	order 1995 Certificate under Article 7 f everyone else who, on the day 21 days before the eschold interest with at least 7 years left to run) of any
The steps taken were:		
Notice of the application has been publ (circulating in the area where the land is	ished in the following newspaper s situated):	On the following date (which must not be earlier than 21 days before the date of the application):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
Agricultural Land Declaration - You Must	AGRICULTURAL HOLDINGS CERTIFI ning (General Development Procedure)Or Complete Either A or B blication relates is, or is part of, an agricultura Or signed - Agent:	der 1995 Certificate under Article 7
	Jeremy Denn	00/04/2024
	•	09/04/2024
B) I have/ The applicant has given t before the date of this application, was as listed below:	a tenant of an agricultural holding on all or p	n myself/ the applicant who, on the day21 days art of the land to which this application relates,
Name of Tenant	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
12. Planning Application Requi		
Please read the following checklist to ma information required will result in your a the Local Planning Authority has been s	pplication being deemed invalid. It will not be	support of your proposal. Failure to submit all be considered valid until all information required by
4 copies of a completed	4 copies of a design and access	The correct fee: £258.00
and dated application form: 4 copies of a plan which identifies	statement where proposed works fall within one of the	4 copies of the completed, dated Article
the land to which the application	following designated areas:	7 Certificate (Agricultural Holdings):
relates drawn to an identified scale and showing the direction of North:	 National Park Site of special scientific interest 	4 copies of the completed, dated Ownership Certificate
14 copies of other plans and drawings	Conservation area Area of outstanding natural beauty	(A, B, C or D - as applicable):
or information necessary to describe the subject of the application:	 World Heritage Site The Broads 	
12 Declaration		
13. Declaration	on/consent as described in this form and the	accompanying plans/drawings and additional
information. Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	Jeremy Denn	(date cannot be

14. Applicant Contact Details		15. Agent Co	ontact Details		
Telephone numbers	Telephone numbers				
	Extension number:	Country code: Country code: Country code:	National number 01799 599 Mobile number (Fax number (opti	9179 optional):	Extension number:
Email address (optional):		Email address (o	pptional): dennarchite	cts.com	
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 out a site visit, whom should they contact? <i>(Please select a</i>) If Other has been selected, please provide:	to carry <i>only one)</i>	Agent	X Applicant	Other (if differ agent/applicar	
Contact name:	Telephone number:				
Email address:					