

Householder Application for Planning Permission for works or extension to a dwelling

| Council | Babergh District Council |
|---|------------------------------|
| Applicant Name and Address | |
| Title | Mrs |
| First name | Jacky |
| Last name | Smith |
| Company | |
| Property name/number | Penfranric |
| Address line 1 | The Street |
| Address line 2 | Monks Eleigh |
| Town/Village | Ipswich |
| County | Suffolk |
| Country | UK |
| Postcode | Ip7 7AU |
| Is an agent being used | No |
| Do you believe you are exempt from the application fee? | No, standard fees will apply |
| Planning application reference number for resubmission | |
| Description of Proposed Works | |
| Please describe the proposed works | Dropped kerb and driveway. |
| Has the work already started? | No |
| If Yes, please state when the work was started | |
| Has the work already been completed? | No |
| If Yes, please state when the work was completed | |
| Site Address Details | |
| Property name/number | Penfranric |

| Address line 1 | The Street |
|---|---|
| Address line 2 | Monks Eleigh |
| Town/Village | Ipswich |
| County | Suffolk |
| Postcode | IP7 7AU |
| Pedestrian and Vehicle Access, Roads and Rights of Way | |
| Is a new or altered vehicle access proposed to or from the public highway? | Yes |
| Is a new or altered pedestrian access proposed to or from the public highway | No |
| Do the proposals require any diversions, extinguishments and/or creation of public rights of way? | No |
| If Yes to any of questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s) | I don't have any plans or drawings, it's just a drive. |
| Pre-application Advice | |
| Has assistance or prior advice been sought from the local authority about this application? | Yes |
| Officer name | Chris Miller |
| Pre-application reference | Dropped kerb application 454818 |
| Date | 01/03/2024 |
| Details of pre-application advice received | I can confirm, via the details below and attached (see the photo with the cones showing where the kerbs are to be dropped) that we will be able to approve this application following confirmation of grant of Planning Permission and payment of the second £200.00. |
| Trees and Hedges | |
| Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? | 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 |
|---|---|
| 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)/drawings(s) and indicate the scale. | No trees, just shrubs |
| Parking | |
| Will the proposed works affect existing car parking arrangements | Yes |
| If Yes, please describe | One car parking space will be removed from the road outside my house. |
| Authority Employee / Member | |
| Do any of the listed statements apply to you and/or agent? | No |
| If Yes, please provide details of their name, role and how you are related to them. | |
| Materials | |
| Walls | |
| Not applicable / Dont know | Not applicable |
| Existing (where applicable) | |
| Proposed | |
| Roof | |
| Not applicable / Dont know | Not applicable |
| Existing (where applicable) | |
| Proposed | |
| Windows | |
| Not applicable / Dont know | Not applicable |
| Existing (where applicable) | |
| Proposed | |
| Doors | |
| Not applicable / Dont know | Not applicable |
| Existing (where applicable) | |
| Proposed | |

| Boundary treatments (e.g. fences, walls) | | |
|--|------------------------------|--|
| Not applicable / Dont know | Not applicable | |
| Existing (where applicable) | | |
| Proposed | | |
| Vehicle access and hard-standing | | |
| Not applicable / Dont know | Details to be provided below | |
| Existing (where applicable) | none | |
| Proposed | Grey block paving | |
| Lighting | | |
| Not applicable / Dont know | Not applicable | |
| Existing (where applicable) | | |
| Proposed | | |
| Others (please specify) | | |
| Not applicable / Dont know | Not applicable | |
| Existing (where applicable) | | |
| Proposed | | |
| Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? | No | |
| If Yes, please state references for the plan(s)/drawing(s)/design and access statement | | |
| Ownership Certificates and Agricultural Land Declaration | | |
| Please select an ownership certificate and agricultural land declaration statement that applies to you | Certificate A | |
| CERTIFICATE OF OWNERSHIP - CERTIFICATE A | | |
| 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 of any part of the land or building to which the application relates, and that none of the land to which the application relates is or is part of, an agricultural holding | | |
| Signed Applicant | Mrs Jacky Smith | |
| Or signed - Agent | | |

| Date | 01/03/2024 | |
|--|-----------------|--|
| Declaration | | |
| ✓ I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. | | |
| Signed Applicant | Mrs Jacky Smith | |
| Or signed - Agent | | |
| Date | 01/03/2024 | |
| Applicant Contact Details | | |
| Telephone number | | |
| Extension number | | |
| Mobile telephone number | | |
| Fax number | | |
| Email address | | |
| Agent Contact Details | | |
| Telephone number | | |
| Extension number | | |
| Mobile telephone number | | |
| Fax number | | |
| Email address | | |
| Site Visit | | |
| Can the site be seen from a public road. public footpath, bridleway or other public land? | Yes | |
| If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? | Applicant | |
| Contact name | | |
| Telephone number | | |
| Email address | | |
| Payment | | |

| Are you the applicant or are you an agent working on behalf of the applicant? | |
|---|------------------|
| Who will pay for this application? | |
| Email address (this is the address the payment receipt will be sent to) | |
| Payment Total | |
| Payment Receipt Number | |
| Date & Time | 01/03/2024 10:53 |