

Applicant Name and Address		2. Agent Name and Address		
tle:	Mr First name: IAN	Title	First name:	
st name	THOMPSON	Last name		
mpany [		Company (optional)		1
t: [	House House suffix	Unit	House number	House
256) DEC:	ROCKHOLM	House name		suffix:
tress 1.	Sea LANE	Address 1	-	
iress 2:	BOSTON SPA	Address 2:	-	
tross 3	WE THER BY	Address 3	/	
ii		Town:	1	
nty	WEST YORKSHIRE	County	/	
antry:	UK	Country		
Stode	L5236AG	Postcode		

. Description	on of Proposed Work
Please describe	the proposals to alter, extend or demolish the listed building(s):
LIST	ED BUILDING CONSENT FOR REPLACEMENT OF
200 5	-XISTING SLIDING, BUT CURRENTLY TOTALLY SEALCH
and	IMMOVABLE, SASH WINDOW WITH SLIDING SASH
	E IN THE SAME ROOM TO THE
RAY	WINDOW WHICH BE HAVE PERMISSION
ITC	ANNOT BE SEEN FROM THE ROAD.
	Iready started without consent? Yes
f Yes, please s	ate when the work was started (DD/MM/YYYY):  (date must be pre-application submission)
lac the work t	een completed without consent? Yes No
	rate the date when the work was completed (DD/MM/YYYY):
	(date must be pre-application submission)
4 Site Add	iress Details
	e the full postal address of the application site.
Please provid Unit:	
Please provid	e the full postal address of the application site.  House number: House suffix:  ROCKHOLM
Please provid Unit: House name: Address 1:	e the full postal address of the application site.  House House suffix:
Please provid Unit: House name: Address 1: Address 2:	e the full postal address of the application site.  House number: House suffix:  ROCKHOLM
Please provid Unit: House name: Address 1: Address 2: Address 3:	e the full postal address of the application site.  House number:  ROCKHOLM  SPALAPE
Please provid Unit: House name: Address 1: Address 2:	Ethe full postal address of the application site.  House number: House suffix:  ROCK HOLM  SPA LAME  TOOSTOM SPA  WETHER BY
Please provid Unit: House name: Address 1: Address 2: Address 3: Town: County:	House number:  ROCK HOLM  SPA LAME  BOSTOM SPA  WETHER BY  WEST YORKS
Please provid Unit: House name: Address 1: Address 2: Address 3: Town: County: Postcode (optional):	Ethe full postal address of the application site:  House number:  ROCK HOLM  SPA LAME  BOSTOM SPA  WETHERBY  WEST YORKS  LS26 AG
Please provid Unit: House name: Address 1: Address 2: Address 3: Town: County: Postcode (optional): Description (must be co	House number: House suffix:  ROCK HOLM  SPA LANE  BOSTON SPA  WEST YORKS
Please provid Unit: House name: Address 1: Address 2: Address 3: Town: County: Postcode (optional): Description	Ethe full postal address of the application site.  House Number:  ROCK HOLM  SPA LAME  TROSTON SPA  WETHERBY  WEST YORKS  LSQ GAG  of location or a grid reference.  mpleted if postcode is not known):  Northing.

5. Related Proposals Are there any current applications, previous proposals or demolitions for the site?  Yes	No No	6. Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application?  Yes
if Yes please describe and include the planning appreference number(s), if known:	dication	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Description	Reference number	application more efficiently).  Please tick if the full contact details are not known, and then complete as much as possible:
LBC. FOR REPLACEDENT OF RAY WINDOW GLAZING WITH SLIDING SASH		Officer name:
DOUBLE GLAZED UNITE		Reference:  Date (DD/MM/YYYY):
REF: 23/05654/LI		(must be pre-application submission)  Details of pre-application advice received?
DECISION DATE 1 FETT WARY 2024 PERHISSION GRANTED		Details of pre-application advice received?
. Neighbour and Community Consultatio	on .	
lave you consulted your neighbours or the local comm f Yes, please provide details:	munity about t	the proposal? Yes No
WE HAVE SPOKEN WITH SUPPORT THE PROPOSAL	00 R	ADJOINOINE NEIGHBOURS WHO
and blas on the part of the decision	n-maker in the	en and transparent. For the purposes of this question, "related to" ed and informed observer, having considered the facts, would local planning authority
o any of the following statements apply to you and/or	r agent? Y	with respect to the authority, I am: (a) a member of staff (b) an elected member
Yes, please provide details of their name, role and ho	w you are relat	(c) related to a member of staff (d) related to an elected member

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls			<b>P</b>	
Roof covering				
Chimney	Park Control of the			
Windows	SINGLE GLAZED PERMANENTLY SCALED SASK WINDOW.	EXACT COPIES OF CURRENT WINDOW BUT WITH QULY FUNCTIONAL		
xternal doors		SLIDING SASH FRAMES AND DOUBLE GLAZED PANES	7	
ellings		SEE ATTACHED PHOTOS AND DEANINGS.		
nternal walls			0	
oors				
ternal doors			7	
inwater goods			d	
undary treatments g. fences, walls)			Q	
hicle access and rd standing		PALES OF	0	
hting			Z	
ners d description)				
ou supplying addition please state plan(s).	onal information on submitted drawings or plan /drawing(s) references:	rs? Yes No		

D. Demolition			)(1	1. Listed Buil	lding Altera	tions		
oes the proposal include the par tal demolition of a listed buildin	tial or Yes		o to	o the proposed vo a listed building		Iterations	Yes	□ No
Yes, which of the following does	s the proposal involve	e?		Yes, do the prop you must answer				
Total demolition of the listed by Demolition of a building within			(a)	Works to the int	erior of the bui	lding?	Yes	□ No
e curtilage of the listed building	g: Yes		145	) Works to the ext	terior of the bu	ildina?	Yes	□No
Demolition of a part of the liste	d building: Yes	D	0					
the answer to c) is Yes: What is the total volume of the			To to	Works to any str the property (or	buildings with	in	☐ Yes	
sted building?(cubic metres)		/		s curtilage) intern			res	NO
i) What is the volume of the part o be demolished?(cubic metres)	A STATE OF THE			Stripping out of floor finishes (e.			Yes	. No
ii) What was the (approximate) of crection of the part to be removed date must be pre-application surplease provide a brief description wilding you are proposing to de-	ed? (MM/YYYY) ibmission) on of the building o	r part of	p e p	the answer to an plans, drawings, p extent and charact proposal for their r tructural support	hotographs suf ter of the items replacement, in	ficient to id to be remo cluding an	dentify the le oved, and th ly new mear	ocation, ie ns of
building you are proposing to de	errionsh:			SEE OF	TACHE	1) P	HOTO!	2
				MARINE	GC AN	20		
				SEE ADRAWING		حد		
Why is it necessary to demolish	or extend (as applicat	le) all or p	art	DRAWIN		QC.		
Why is it necessary to demolish of the building(s) and or structu	or extend (as applicat re(s)?	ole) all or p	art			20		
Why is it necessary to demolish of the building(s) and or structu	re(s)?	ole) all or p		DETAILS		2D		
12. Listed Building Gradi Please state the grading (if know Buildings of Special Architectura	ing	he list of	1;		rom Listing			
12. Listed Building Gradi	ing vn) of the building in t	he list of Note: only	1: Ha	3. Immunity F as a Certificate of I is building?	From Listing	Listing beel	n sought in r	
12. Listed Building Gradi Please state the grading (if knov Buildings of Special Architectura one box must be ticked) Grade	ing	he list of Note: only	1: Ha	3. Immunity F as a Certificate of I is building?	From Listing	Listing beel	n sought in r	
12. Listed Building Gradi Please state the grading (if knov Buildings of Special Architectura one box must be ticked)	ing vn) of the building in t	he list of (Note: only	1; Hat th	3. Immunity F as a Certificate of I is building?	From Listing	Listing beel	n sought in r	
12. Listed Building Gradi Please state the grading (if knov Buildings of Special Architectura one box must be ticked) Grade	ing vn) of the building in t al or Historic interest?	he list of (Note: only I Grade (	11. Has th	3. Immunity F as a Certificate of I is building?	From Listing	Listing beel	n sought in r	
12. Listed Building Gradi Please state the grading (if know Buildings of Special Architectura one box must be ticked)  Grade []	ing vn) of the building in tall or Historic interest?  Ecclesiastical  Ecclesiastical	he list of (Note: only I Grade (	11. Has th	3. Immunity F as a Certificate of I is building?	From Listing	Listing beel	n sought in r	

CERTIFICATE OF OWNERSHIP - CERTIFICATE A lanning (Listed Buildings and Conservation Areas) Regulations ay 21 days before the date of this application nobody except myself, which the application relates.	1990 / the applicant was the
r leasehold interest with at least 7 years left to run.	Date DD/MM/YYYY):
Or signed - Agent:	Lall-ABA
	VII & ENDIA
CERTIFICATE OF OWNERSHIP - CERTIFICATE B lanning (Listed Buildings and Conservation Areas) Regulations 1 he applicant has given the requisite notice to everyone else (as listen, was the owner' of any part of the land or building to whice releasehold interest with at least 7 years left to run.	1990 ed below) who, on the day h this application relates
Address	Date Notice Served
POCKHAN SPALANE TOSTON SPA	18/03/2024
Bosion Ser	1 1 1 1 1 1
anning (Listed Buildings and Conservation Areas) Regulations 1	
	Data Markin Co.
Address	Date Notice Served
Address  In the following newspaper edd:  On the following date (whithan 21 days before the days)	
Address  Address  On the following newspaper  On the following data (whi	
	Or signed - Agent:  CERTIFICATE OF OWNERSHIP - CERTIFICATE B lanning (Listed Buildings and Conservation Areas) Regulations in a papicant has given the requisite notice to everyone else (as list in, was the owner' of any part of the land or building to whice reasehold interest with at least 7 years left to run.  Address  ROCK-HOLTI SPA LAWE BOSTON SCA  Or signed - Agent:  CERTIFICATE OF OWNERSHIP - CERTIFICATE C anning (Listed Buildings and Conservation Areas) Regulations it of for this application.

14. Ownership Certificates (continued)  CERTIFICATE OF OW  Regulation 6 of the Planning (Listed Build  I certify! The applicant certifies that:  Certificate A cannot be issued for this application  All reasonable steps have been taken to find out the name date of this application, was the owner* of any part of the unable to do so.  *owner' is a person with a freehold interest or leasehold interest with The steps taken were:	ings and Conse es and addresses land to which thi	of everyone else who, on the day 21 days before the is application relates, but I have/ the applicant has beer
Notice of the application has been published in the following news (circulating in the area where the land is situated):	spaper	On the following date (which must not be earlier than 21 days before the date of the application):
Signed - Applicant: Or signed	d - Agent:	Date DD/MM/YYYY):
The original and 3 copies* of a plan which identifies the land to which the application relates and drawn to an identified scale and showing the direction of North.  *National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronical LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pil.  16. Declaration  I/we hereby apply for planning permission/consent as described in trinformation. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.  Signed - Applicant:  Or signed - Agent:	The original and if required (see if riginal plus three by or, the LPA indi post (for example anning departments) form and the sy facts stated are	accompanying plans/drawings and additional true and accurate and any opinions given are the Date (DD/MM/YYYY):
Telephone numbers Country code: Mattered Extension umber: Cou	18. Agent C Telephone nur Country code: Country code: Country code: Email address	Mobile number (optional):  Fax number (optional):

9. Site Visit an the site be seen from a public road, public footpath, bridlev the planning authority needs to make an appointment to carr at a site visit, whom should they contact? (Please select only on	way or other public land?  y e)  Agent	Yes Applicant	No Other (if different from th agent/applicant's details)
Other has been selected, please provide:			agent/applicant's details)
ontact name:	Telephone numb	er:	
		35 11 to 17 17 17 1	
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			2 30 2 3 20 20 20 20 20
			PROPERTY OF THE PARTY OF