

## Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

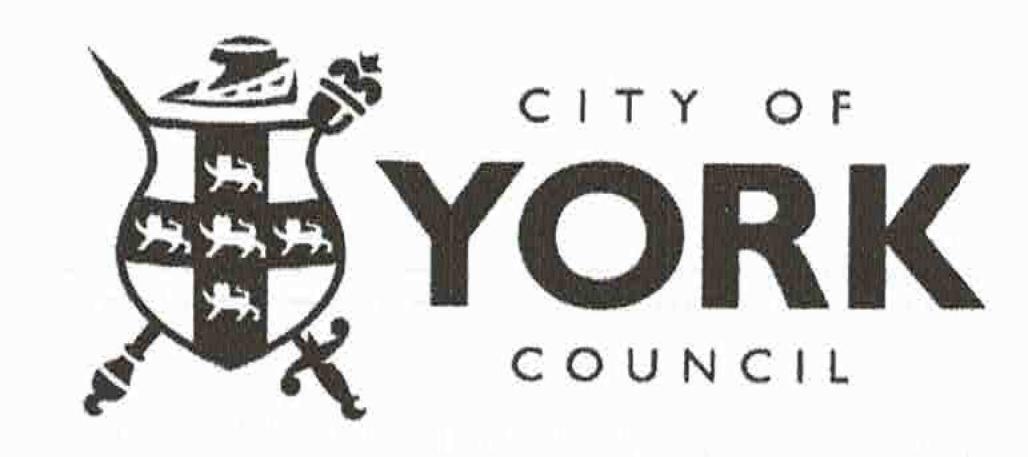
## **Privacy Notice**

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. Ar 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.submissions@york.gov.uk

West Offices
Station Rise
York
YO1 6GA

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

If printed, please complete using block capitals and black ink.

any further clarification, please contact the Local Planning Authority directly.

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	2. Agent Name and
Title: First name: ALAW	Title:
Last name: WWEY	Last name: MICH
Company (optional):	Company (optional): MOC
Unit: House number: 18 suffix:	Unit:
House name:	House name: JOHN
Address 1: ST PETERS GROVE	Address 1:
Address 2:	Address 2: WAR
Address 3:	Address 3:
Town: YORK	Town: 40RK
County:	County:
Country:	Country:
Postcode: 4030 6AQ	Postcode: U030

Ip text as incorrect completion will delay the processing of your				
2. Agent Name and Address				
Title:	First name: SIMON			
Last name:	MICHELL			
Company (optional):	MOC LTO			
Unit:	House number: House suffix:			
House name:	JOHN WOOLMAN HOUSE			
Address 1:				
Address 2:	MARRICATE			
Address 3:				
Town:	YORK			
County:				
Country:				
Postcode:	4030 7BJ			

ase provide the full postal address of the application site.  it: House number: 18 House suffix:	4. Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application?  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 as possible:  Officer name:  MATHELL STUBBLINGS  Reference:  23/01805/FUL  Date (DD/MM/YYYY): (must be pre-application submission)  Details of pre-application advice received?  PERMIABLE SWRFACE.  ROOT PROTECTION		
Description Of Your Proposal lease provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:  SINGLE STORE4 SIDE AND REAR EXTENSION FOLLOWING DEMOLITION OF REAR PROJECTION, AUTERATIONS TO FRONT WALL WITH NEW ACCESS.			
leference number: 23/01805/FUL Date of decision: 19/03/2024 (Date must be pre-application submission) (DD/MM/YYYY) Please state the condition number(s) to which this application relates:			
1. 8	6.		
2.	7.		
3.	8.		
4.	9.		
5.	10.		
Has the development already started?	Yes VNo		
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)			
5. Discharge Of Condition Please provide a full description and/or list of the materials/details the condition is the materials of the materia	hat are being submitted for approval:		
PLEASE SEE DRAWING ENCOSED BA230256TPP			
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:			

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.	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:
The correct fee:	
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pla	y or, the LPA indicate that a smaller number of copies is required.
9. Declaration	
I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant:	
Date (DD/MM/YYYY):	
07/04/2024 (date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Country code: National number: Extension number:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
	Simon@mitcholdosignconsultanaj.com
2. Site Visit	
an the site be seen from a public road, public footpath, bridleway or	other public land? Yes No
the planning authority needs to make an appointment to carry ut a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)
Other has been selected, please provide: Contact name:	Telephone number:
	relephone number.
mail address:	