



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

Privacy Notice

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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:



Babergh District Council
Endeavour House, 8 Russell Road,
Ipswich, IP1 2BX

Tel: 0300 1234000 option 5

Making the area a better place to live and work for everyone

Email: planning@baberghmidsuffolk.gov.uk

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.

Applicant Name and Address				
Title:	Mr & MRS First name: O & C			
Last name:	SCOTT-COWLEY			
Company (optional):				
Unit:	House number: House suffix:			
House name:	HILL FARM HOUSE			
Address 1:	LAVENHAM ROAD			
Address 2:	BRENT ELEIGH			
Address 3:				
Town:	SUDBURY			
County:	SUFFOLK			
Country:				
Postcode:	CO10 9PB			

2. Agent Name and Address				
Title:	First name:			
Last name:				
Company (optional):				
Unit:	House number: House suffix:			
House name:				
Address 1:				
Address 2:				
Address 3:				
Town:				
County:				
Country:				
Postcode:				
	Version 2018			

Site Address Details Please provide the full postal address of the application site.			re-application Advice ssistance or prior advice been sought from the local		
Unit:	House number: House suffix:		ority about this application? Yes X No		
House name:	HILL FARM HOUSE	If Yes, please complete the following information about the advice			
Address 1:			you were given. (This will help the authority to deal with this application more efficiently).		
Address 2: BRENT ELEIGH			e tick if the full contact details are not n, and then complete as much as possible:		
Address 3:		Office	er name:		
Town:	SUDBURY		rence:		
County:	SUFFOLK		OTICO.		
Postcode (optional):			Date (DD/MM/YYYY):		
Description of location or a grid reference. (must be completed if postcode is not known):		•	be pre-application submission) ils of pre-application advice received?		
Easting:	Northing:				
Description	1:				
'	ption Of Your Proposal	on the	decision letter, including the application reference number		
and date of	f decision in the sections below:		——————————————————————————————————————		
	3/01463 Application for Listed Building Consen	t - Inter	rnal alterations to ground and first floor to		
improv	ve layout as per Design & Access Statement.				
Reference r	number: DC/23/0146: Date of decision:	18/	(Date must be pre-application submission) (DD/MM/YYYY)		
Please state	e the condition number(s) to which this application relate	S:			
1. (1. CONDITION 3: INTERNAL WALL DETAILS				
2. (CONDITION 4: AGREEMENT OF MATERIALS	7.			
3.		8.			
4.		9.			
5.		10.			
Has the dev	velopment already started?	!	X Yes No		
If Yes, plea	se state when the development started (DD/MM/YYYY):		01/11/2023 (date must be pre-application submission)		
Has the development been completed? Yes X No					
If Yes, please state when the development was completed (DD/MM/Y)			(date must be pre-application submission)		
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details that are being submitted for approval:					
SEE ENCLOSED DOCUMENT: "DC/23/01463 Discharge of conditions statement.pdf"					
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: Yes No					
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8. Planning Application Requirements - Checklist 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 electronicall LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their plants.	ly or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick).						
9. Declaration I/we hereby apply for planning permission/consent as described in t information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applica	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the Or signed - Agent:						
Date (DD/MM/YYYY):							
22/04/202 (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):						
Email address (optional):	Email address (optional):						
12. Site Visit							
Can the site be seen from a public road, public footpath, bridleway o	or other public land? X Yes No						
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent X Applicant Other (if different from the agent/applicant's details)						
If Other has been selected, please provide: Contact name:	Telephone number:						

Email address: