

# Application for Planning Permission. Town and Country Planning Act 1990

Please complete using block capitals and black ink.

[Redacted]			
[Redacted]	Mr	[Redacted]	James
[Redacted]	Toddington		
[Redacted]	[Redacted]		
[Redacted]	[Redacted]	1	[Redacted]
[Redacted]	[Redacted]		
[Redacted]	Plover Close		
[Redacted]	Worle		
[Redacted]	[Redacted]		
[Redacted]	Weston Super Mare		
[Redacted]	North Somerset		
[Redacted]	[Redacted]		
[Redacted]	BS22 8XB		

[Redacted]			
[Redacted]	[Redacted]	[Redacted]	Rachel
[Redacted]	Tadman		
[Redacted]	Tadman Planning Consultants Ltd		
[Redacted]	[Redacted]	14	[Redacted]
[Redacted]	[Redacted]		
[Redacted]	The Glebe		
[Redacted]	Timsbury		
[Redacted]	[Redacted]		
[Redacted]	Bath		
[Redacted]	Somerset		
[Redacted]	[Redacted]		
[Redacted]	BA2 0LT		

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

Change of use of public open space at the rear of 1 Plover Close to private garden including the erection of a 2m high boundary wall.

Has the building work or change of use already started?

No

If Yes, please state the date when building work, or use were started (DD/MM/YYYY):

(date must be pre-application submission)

Has the building work, or change of use been completed?

Yes

No

If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY):

(date must be pre-application submission)

Reference no. of permission in principle being relied on (technical details consent applications only)

For applications made on or after 1 August 2021, is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)?

No

#### 4. Site Address Details

Please provide the full postal address of the application site.

Units	<input type="text"/>	House Number:	1	House Suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	Plover Close				
Address 2:	Worle				
Address 3:	<input type="text"/>				
Town:	Weston Super Mare				
County	<input type="text"/>				
Postcode (optional)	BS22 8XB				

Description of location or grid reference.  
(must be completed if postcode is not known):

Easting:  Northing:

Description:

#### 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?  No

Is a new or altered pedestrian access proposed to or from the public highway?  No

Are there any new public roads to be provided within the site?  No

Are there any new public rights of way to be provided within or adjacent to the site?  No

Do the proposals require any diversions /extinguishments and/ or creation of rights of way?  No

If you answered Yes to any of the above questions, please show details on your plan(s)/drawing(s) and state the reference of the plan(s)/ drawing(s)

#### 7. Waste Storage and Collection

N/A

Do the plans incorporate areas to store and aid the collection of waste?  Yes  No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste?  Yes  No

If Yes, please provide details:

## 8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you and/or agent?

No

If Yes, please provide details of the name, role, and how you are related to them:

## 9. Biodiversity Net Gain

Do you believe that, if the development is granted planning permission, the Biodiversity Gain Condition (as set out in [Paragraph 13 of Schedule 7A of the Town and Country Planning Act 1990](#)) would apply?

No

If No, please provide reasons, with reference to which exemptions or transitional arrangements you believe apply:

See attached BNG Exemption Statement

If Yes, please provide information requested in 1-6 below:

1. Please provide the date the pre-development biodiversity value of onsite habitat(s) have been calculated: (this should be one of the following dates: i) the date of this application; or ii) an earlier proposed date).

2. Please provide the pre-development biodiversity value of onsite habitats on this date:

If a date earlier than the date of the submission of the planning application has been specified in 1, please provide reasons why this date has been used:

3. Has there been any loss (or degradation) of any onsite habitat(s), resulting from activities carried out before the date specified in 1. either:

Yes

on or after 30 January 2020 which were not in accordance with a planning permission; or  
on or after 25 August 2023 which were in accordance with a planning permission?

No

If yes, please provide details including: the date immediately before this activity was carried out; the onsite biodiversity value on this date; and any supporting evidence (or reference to relevant document containing these details).

4. Please state the publication date of the biodiversity metric tool(s) used to calculate the onsite biodiversity value(s) in 2. (and if applicable 3.).

5. Does the application site have irreplaceable habitat(s) (corresponding to the descriptions in The Biodiversity Gain Requirements (Irreplaceable Habitat) Regulations 2024) which exist on land to which this application relates on the date specified in 1.

Yes

No

If yes, please provide a description of these and any further details (for example reference to relevant document):

6. Please confirm your application is accompanied by the following:

- i. The completed biodiversity metric tool(s) showing the calculation of the pre-development biodiversity value shown in 2. (and if applicable 3.) on the date specified in 1. (and if applicable 3.)
- ii. Plan(s), showing onsite habitat(s) existing on the date specified in 1.; and
- iii. If applicable, plan(s) showing onsite irreplaceable habitat(s) existing on the date specified in 1.

Yes

Please provide details (for example reference to relevant document):

Note: Plans must be drawn to an identified scale, and showing the direction of North.

## 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	Not applicable	Don't Know
Walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)		Rendered Concrete block with anti graffiti paint	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

Yes

No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

See attached information

## 11. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

N/A

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars			
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			
Other (e.g. Bus)			



## 18. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:

Yes

No

Proposed Housing							Existing Housing								
Market Housing	Not known	Number of Bedrooms					Total Homes	Market Housing	Not known	Number of Bedrooms					Total Homes
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a	Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b	Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						d	Sheltered housing	<input type="checkbox"/>						d
Bedsit/studio	<input type="checkbox"/>						e	Bedsit/studio	<input type="checkbox"/>						e
Cluster flats	<input type="checkbox"/>						f	Cluster flats	<input type="checkbox"/>						f
Other	<input type="checkbox"/>						g	Other	<input type="checkbox"/>						g
Totals (a + b + c + d + e + f) =						A	Totals (a + b + c + d + e + f) =						A		
Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total Homes	Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total Homes
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a	Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b	Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						d	Sheltered housing	<input type="checkbox"/>						d
Bedsit/studio	<input type="checkbox"/>						e	Bedsit/studio	<input type="checkbox"/>						e
Cluster flats	<input type="checkbox"/>						f	Cluster flats	<input type="checkbox"/>						f
Other	<input type="checkbox"/>						g	Other	<input type="checkbox"/>						g
Totals (a + b + c + d + e + f) =						A	Totals (a + b + c + d + e + f) =						A		
Affordable Home Ownership	Not known	Number of Bedrooms					Total Homes	Affordable Home Ownership	Not known	Number of Bedrooms					Total Homes
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a	Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b	Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						d	Sheltered housing	<input type="checkbox"/>						d
Bedsit/studio	<input type="checkbox"/>						e	Bedsit/studio	<input type="checkbox"/>						e
Cluster flats	<input type="checkbox"/>						f	Cluster flats	<input type="checkbox"/>						f
Other	<input type="checkbox"/>						g	Other	<input type="checkbox"/>						g
Totals (a + b + c + d + e + f) =						A	Totals (a + b + c + d + e + f) =						A		
Starter Homes	Not known	Number of Bedrooms					Total Homes	Starter Homes	Not known	Number of Bedrooms					Total Homes
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a	Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b	Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studio	<input type="checkbox"/>						e	Bedsit/studio	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						g	Other	<input type="checkbox"/>						g
Totals (a + b + c + d) =						A	Totals (a + b + c + d) =						A		
Self-build and Custom Build	Not known	Number of Bedrooms					Total Homes	Self-build and Custom Build	Not known	Number of Bedrooms					Total Homes
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a	Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b	Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studio	<input type="checkbox"/>						e	Bedsit/studio	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						g	Other	<input type="checkbox"/>						g
Totals (a + b + c + d) =						A	Totals (a + b + c + d) =						A		
Total proposed residential units (A + B + C + D + E) =							Total existing residential units (F + G + H + I + J) =								

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):



## 19. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain, or change of use of non-residential floorspace?

No

If you have answered 'Yes' to the question above please add details in the following table:

Use class/type of use		EXISTING GROSS INTERNAL FLOORSPACE	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use) (square metres)	Net additional gross internal floorspace following development (square metres)
B2 – General Industrial (other than falling within Class E)		<input type="checkbox"/>				
B8 – Storage and Distribution		<input type="checkbox"/>				
C1 – Hotels		<input type="checkbox"/>				
C2 – Residential Institutions		<input type="checkbox"/>				
C2A – Secure Residential Institutions		<input type="checkbox"/>				
COMMERCIAL, BUSINESS AND SERVICES	(a) retail (other than hot food)	<input type="checkbox"/>	Shops			
			Net tradeable area:	<input type="checkbox"/>		
	(b) sale of food and drink (mostly consumed on the premises)	<input type="checkbox"/>				
	(c) (i) Financial services	<input type="checkbox"/>				
	(c) (ii) Professional services (other than health or medical)	<input type="checkbox"/>				
	(c) (iii) any other service	<input type="checkbox"/>				
	(d) Indoor sports, recreation or fitness	<input type="checkbox"/>				
	(e) medical or health services	<input type="checkbox"/>				
	(f) creche, day nursery	<input type="checkbox"/>				
	(g) (i) office (to carry out operational or administrative functions)	<input type="checkbox"/>				
	(g) (ii) research and development of products or processes	<input type="checkbox"/>				
	(g) (iii) any industrial process (can be carried out within a residential area)	<input type="checkbox"/>				
LEISURE AND NON-RESIDENTIAL	(a) Education	<input type="checkbox"/>				
	(b) display works of art	<input type="checkbox"/>				
	(c) museum	<input type="checkbox"/>				
	(d) public library	<input type="checkbox"/>				
	(e) public hall or exhibition hall	<input type="checkbox"/>				
	(f) public worship or religious instruction	<input type="checkbox"/>				
	(g) law court	<input type="checkbox"/>				
LOCAL COMMUNITY	(a) Shop selling essential goods (premises not over 280 metres squared and no other such facility in 1000m radius)	<input type="checkbox"/>				
	(b) hall or meeting place for local community (principal use)	<input type="checkbox"/>				
	(c) outdoor sport or recreation	<input type="checkbox"/>				
	(d) indoor or outdoor swimming pool or skating rink	<input type="checkbox"/>				
Other – Please Specify		<input type="checkbox"/>				
Total						

### 19. All Types of Development: Non-residential Floorspace (Continued)

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms.

Use Class/ Type of Use	Not Applicable	Existing Rooms to be lost by change of use or demolition	Total rooms proposed (including change of use)	Net additional rooms
C1 - Hotels	<input type="checkbox"/>			
C2 - Residential Institutions	<input type="checkbox"/>			
C2A - Secure Residential Institutions	<input type="checkbox"/>			
Other – Please specify:	<input type="checkbox"/>			

### 20. Employment

Please complete the following information regarding employees:

N/A

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

### 21. Hours of Operation

Please state the hours of opening for each non-residential use proposed:

N/A

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not Known

### 22. Site Area

Please state the site area:

50 Sq m

### 23. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation, or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development?  Yes  No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application, you will need to provide further information before your application can be determined. Your wasteplanning authority should make clear what information it requires on its website.

### 24. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below?

Not Applicable

If Yes, please provide the amount of each substance that is involved (tonnes):

Acrylonitrile	<input type="text"/>	Ethylene oxide	<input type="text"/>	Phosgene	<input type="text"/>
Ammonia	<input type="text"/>	Hydrogen cyanide	<input type="text"/>	Sulphur dioxide	<input type="text"/>
Bromine	<input type="text"/>	Liquid oxygen	<input type="text"/>	Flour	<input type="text"/>
Chlorine	<input type="text"/>	Liquid petroleum gas	<input type="text"/>	Refined white sugar	<input type="text"/>
Other:	<input type="text"/>	Other:	<input type="text"/>		
Amount:	<input type="text"/>	Amount:	<input type="text"/>		

## 25. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form  
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\*\*

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

*Rachel Tadman*

29.4.24

### CERTIFICATE OF OWNERSHIP - CERTIFICATE B

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land or building to which this application relates.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

25. Ownership Certificates and Agricultural Land Declaration (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

I certify/ The applicant certifies that:

Neither Certificate A or B can be issued for this application

All reasonable steps have been taken to find out the names and addresses of the other owners\* and/or agricultural tenants\*\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Name of Owner / Agricultural Tenant	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:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

I certify/ The applicant certifies that:

Certificate A cannot be issued for this application

All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

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:

Or signed - Agent:

Date (DD/MM/YYYY):

## 26. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| The original and 3 copies of a completed and dated application form:  | <input type="checkbox"/> | The correct fee:   | <input type="checkbox"/> |
| The original and 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: | <input type="checkbox"/> | The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):                                    | <input type="checkbox"/> |
| The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:  | <input type="checkbox"/> | The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 12 Certificate (Agricultural Holdings): | <input type="checkbox"/> |

## 27. 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

Or signed – Agent:

Date

(date cannot be pre-application)

## 28. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

## 29. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

## 30. 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 carry out a site visit, whom should they contact? (Please select only one)  Agent  Applicant  Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Telephone number:

Email address:

