

## Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning 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 their obligations in regards to the processing of your application. Please refer to their 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 and Building Control  
Economic Regeneration - Place Directorate**  
 Barnsley Metropolitan Borough Council, PO Box 634, Barnsley, S70 9GG  
 DevelopmentManagement@barnsley.gov.uk  
[www.barnsley.gov.uk/services/planning-and-buildings](http://www.barnsley.gov.uk/services/planning-and-buildings)

### Publication on Local 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 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.

1. Applicant Name and Address	2. Agent Name and Address
Title: <input type="text" value="MS"/> First name: <input type="text" value="VIVIEN"/>	Title: <input type="text" value="MR"/> First name: <input type="text" value="JAMES"/>
Last name: <input type="text" value="HINCHLIFFE"/>	Last name: <input type="text" value="YOUNG"/>
Company (optional): <input type="text"/>	Company (optional): <input type="text" value="PRODESCON"/>
Unit: <input type="text"/> House number: <input type="text" value="19"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text" value="25"/> House suffix: <input type="text"/>
House name: <input type="text"/>	House name: <input type="text" value="BROOM CLOSE"/>
Address 1: <input type="text" value="EDGEHILL ROAD"/>	Address 1: <input type="text" value="DARTON"/>
Address 2: <input type="text" value="STAINCROSS"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text" value="BARNSELY"/>	Town: <input type="text" value="BARNSELY"/>
County: <input type="text" value="SOUTH YORKSHIRE"/>	County: <input type="text" value="SOUTH YORKSHIRE"/>
Country: <input type="text" value="ENGLAND"/>	Country: <input type="text" value="ENGLAND"/>
Postcode: <input type="text" value="S75 6NL"/>	Postcode: <input type="text" value="S75 5PZ"/>

### 3. Description of Proposed Works

Please describe the proposed works:

NEW FRONT AND REAR CORNERS TO ROOF WITH JULIET BALCONY TO REAR CORNER, FRONT, SIDE AND REAR SINGLE STOREY EXTENSIONS AND RAISED FENCING TO REAR GARDEN

Has the work already started?

Yes  No

If Yes, please state when the work was started (DD/MM/YYYY):

(date must be pre-application submission)

Has the work already been completed?

Yes  No

If Yes, please state when the work was completed (DD/MM/YYYY):

(date must be pre-application submission)

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Is a new or altered vehicle access

proposed to or from the public highway?

Yes  No

Is a new or altered pedestrian access

proposed to or from the public highway?

Yes  No

Do the proposals require any diversions, extinguishments and/or creation of public rights of way?

Yes  No

If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s):

### 6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes  No

If 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 possible:

Officer name:

Reference:

Date (DD MM YYYY):

(must be pre-application submission)

Details of the pre-application advice received:

### 7. 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?

Yes  No

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:

19 EAPLO1 - PLANS

Will any trees or hedges need to be removed or pruned in order to carry out your proposal?

Yes  No

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)/drawing(s) and indicate the scale.

### 8. Parking

Will the proposed works affect existing car parking arrangements?  Yes  No

If Yes, please describe:

### 9. 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.

Do any of the following statements apply to you and/or agent?  Yes  No

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

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

### 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	BRICKWORK EXTERNAL SKIN CAVITY WALLS	TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Roof	CONCRETE INTERLOCKING- TILED PITCHED ROOF	TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Windows	UPVC DOUBLE GLAZED	TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Doors	UPVC DOUBLE GLAZED	TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	TIMBER FENCE PANELS ON CONCRETE POSTS	TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>

### 10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

Vehicle access and hard-standing	CONCRETE DRIVE	TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	NONE AT PRESENT	SECURITY LIGHTING	<input 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:

19 EHPLO1 - PLANS  
19 EHPLO2 - ELEVATIONS