



ARCHITECTURE. 7 Mulberry Close, Darfield, Barnsley, South Yorks S73 9NN

My Ref. AD/PD/1825
Your Ref.

Tel No (01226) 755446

Date.10/10/18

B.M.B.C
Planning & Transportation Services
Westgate Plaza
Barnsley
South Yorkshire



Dear Sir or Madam,

Application type FULL (residential)

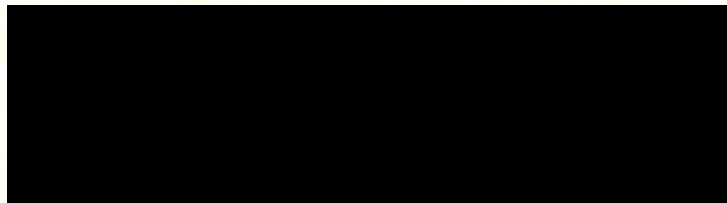
Proposal Construction of detached 2Bed dormer style bungalow, with ancillary drive & parking area to front.

Address Land/garden area adjacent to 11 Stainborough Lane, Hood Green, Barnsley, South Yorkshire S75 3EZ

Please find,

1. 4No copies of the completed application forms.
2. 4No copies of OS Extract @ 1:1250
3. 4No copies of OS Extract @ 1:500
4. 4 No copies of the architectural drawings.
5. 4No copies of the Design & access statement.
6. 4No copies of the Sustainability statement
7. Cheque to the value of £462 : 00p in payment of statutory planning fees.

Yours faithfully



ALAN DAVIES (for and on behalf of Quill Architecture)



Application for Planning Permission. Town and Country Planning 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. 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:



BARNSELY
Metropolitan Borough Council

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

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.

1. Applicant 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:

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:

3. Description of the Proposal

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

PROPOSED CONSTRUCTION OF A DETACHED TWO BED DORMER STYLE BUNGALOW, WITH DRIVE, ADJACENT TO NO 11 STAINBOROUGH LANE, HOOD GREEN, BARNSELY SOUTH YORKSHIRE.

Has the building, work or change of use already started?

Yes

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):

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):

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

Easting:

Northing:

Description:

DETACHED DORMER STYLE BUNGALOW TO SIDE OF NO 11 STAINBOROUGH LN HOOD GREEN, BARNSELY.

5. 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 as possible:

Officer name:

Reference:

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

GENERAL ADVICE ON POSITION OF NEW DWELLING & SIZE

6. 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

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

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

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

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

Blank response area for question 6.

7. Waste Storage and Collection

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

If Yes, please provide details:

Blank response area for question 7.

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

If Yes, please provide details:

Blank response area for question 7.

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.

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.

Blank response area for question 8.

9. 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	N/A	RED BRICKWORK TO MATCH THE SURROUNDING DWELLINGS	<input type="checkbox"/>	<input type="checkbox"/>
Roof	N/A	DOUBLE ROMAN AS NO 11 STAINBOROUGH LN HOOD GREEN	<input type="checkbox"/>	<input type="checkbox"/>
Windows	N/A	UPVC/ALUMINIUM	<input type="checkbox"/>	<input type="checkbox"/>
Doors	N/A	UPVC/ALUMINIUM	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	EXISTING BOUNDARY TREATMENTS RETAINED IE CONC POST WITH TIMBER IN FILL PANELS.	AS EXISTING NO ALTERATION.	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing		VEHICLE ACCESS THROUGH EXISTING WITH HARD-STANDING WITHIN SITE AS PROPOSED PLANS.	<input type="checkbox"/>	<input type="checkbox"/>
Lighting		/	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (please specify)		/	<input 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:

DESIGN & ACCESS STATEMENT
SUSTAINABILITY STATEMENT
DRAWINGS CAD/PA/1800, 01, 02, 03, 04, 05.

10. Vehicle Parking

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

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	0	1	1
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			
Other (e.g. Bus)			

11. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer Cess pit
- Septic tank Other
- Package treatment plant

Are you proposing to connect to the existing drainage system? Yes No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

- Yes No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No

How will surface water be disposed of?

- Sustainable drainage system Existing watercourse
- Soakaway Pond/lake
- Main sewer

13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

c) Features of geological conservation importance:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

14. Existing Use

Please describe the current use of the site:

SIDE GARDEN

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

/

When did this use end (if known)? DD/MM/YYYY /

Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? Yes No

Land where contamination is suspected for all or part of the site? Yes No

A proposed use that would be particularly vulnerable to the presence of contamination? Yes No

15. Trees and Hedges

Are there trees or hedges on the proposed development site? Yes No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Yes No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? Yes No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

/

17. 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							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>		1				1
Flats/maisonettes	<input type="checkbox"/>						0
Sheltered housing	<input type="checkbox"/>						0
Bedsit/studios	<input type="checkbox"/>						0
Cluster flats	<input type="checkbox"/>						0
Other	<input type="checkbox"/>						0
Totals (a + b + c + d + e + f) =							1

Social, Affordable or Intermediate Rent							
	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						0
Flats/maisonettes	<input type="checkbox"/>						0
Sheltered housing	<input type="checkbox"/>						0
Bedsit/studios	<input type="checkbox"/>						0
Cluster flats	<input type="checkbox"/>						0
Other	<input type="checkbox"/>						0
Totals (a + b + c + d + e + f) =							0

Affordable Home Ownership							
	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						0
Flats/maisonettes	<input type="checkbox"/>						0
Sheltered housing	<input type="checkbox"/>						0
Bedsit/studios	<input type="checkbox"/>						0
Cluster flats	<input type="checkbox"/>						0
Other	<input type="checkbox"/>						0
Totals (a + b + c + d + e + f) =							0

Starter Homes							
	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						0
Flats/maisonettes	<input type="checkbox"/>						0
Bedsit/studios	<input type="checkbox"/>						0
Other	<input type="checkbox"/>						0
Totals (a + b + c + d) =							0

Self Build and Custom Build							
	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						0
Flats/maisonettes	<input type="checkbox"/>						0
Bedsit/studios	<input type="checkbox"/>						0
Other	<input type="checkbox"/>						0
Totals (a + b + c + d) =							0

Total proposed residential units (A + B + C + D + E) = 1

Existing Housing							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						0
Flats/maisonettes	<input type="checkbox"/>						0
Sheltered housing	<input type="checkbox"/>						0
Bedsit/studios	<input type="checkbox"/>						0
Cluster flats	<input type="checkbox"/>						0
Other	<input type="checkbox"/>						0
Totals (a + b + c + d + e + f) =							0

Social, Affordable or Intermediate Rent							
	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						0
Flats/maisonettes	<input type="checkbox"/>						0
Sheltered housing	<input type="checkbox"/>						0
Bedsit/studios	<input type="checkbox"/>						0
Cluster flats	<input type="checkbox"/>						0
Other	<input type="checkbox"/>						0
Totals (a + b + c + d + e + f) =							0

Affordable Home Ownership							
	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						0
Flats/maisonettes	<input type="checkbox"/>						0
Sheltered housing	<input checked="" type="checkbox"/>						1
Bedsit/studios	<input type="checkbox"/>						0
Cluster flats	<input type="checkbox"/>						0
Other	<input type="checkbox"/>						0
Totals (a + b + c + d + e + f) =							1

Starter Homes							
	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						0
Flats/maisonettes	<input type="checkbox"/>						0
Bedsit/studios	<input type="checkbox"/>						0
Other	<input type="checkbox"/>						0
Totals (a + b + c + d) =							0

Self Build and Custom Build							
	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						0
Flats/maisonettes	<input checked="" type="checkbox"/>						1
Bedsit/studios	<input type="checkbox"/>						0
Other	<input type="checkbox"/>						0
Totals (a + b + c + d) =							1

Total existing residential units (F + G + H + I + J) = 1

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total) = 0

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No

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

Use class/type of use	Not applicable	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)
A1	<input type="checkbox"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
A4	<input type="checkbox"/>				
Drinking establishments	<input type="checkbox"/>				
A5	<input type="checkbox"/>				
Hot food takeaways	<input type="checkbox"/>				
B1 (a)	<input type="checkbox"/>				
Office (other than A2)	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (c)	<input type="checkbox"/>				
Light Industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input type="checkbox"/>				
Residential institutions	<input type="checkbox"/>				
D1	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please Specify	<input type="checkbox"/>				
Total					

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 changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential institutions	<input type="checkbox"/>			
OTHER		<input type="checkbox"/>			
Please Specify		<input type="checkbox"/>			

19. Employment

Please complete the following information regarding employees:

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

20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

21. Site Area

Please state the site area in hectares (ha)

22. 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 waste planning authority should make clear what information it requires on its website.

23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? Yes No Not applicable

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

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

24. 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

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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):

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CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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
	BROOM CROFT	
MR J MARSHALL	11 STAINBOROUGH LANE HOOD GREEN, BARNSELY ST5 3EZ	17/09/18

Signed - Applicant:

O

Date (DD/MM/YYYY):

		10/10/18
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