

Application for Planning Permission
Town and Country Planning Act 1990

You can complete this form electronically via the Planning Portal by visiting www.planning.portal.gov.uk/apply.

CORPORATE MAIL ROOM
P+T DM

08 MAR 2016

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ORIGINAL COPY

Publication of planning applications on council websites

Please note that the information provide on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes 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. Agents 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 Proposed Works

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

Proposed new door to stairway to existing flat

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

Yes

No

If Yes, please state the date when the 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 were started (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)

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

Easting: Northing:

Description:

6. Pre-application Advise

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 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:

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 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 of existing 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)/drawing(s)

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:

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

If Yes, please provide details:

8. Authority Employee/Member

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? Yes No

If yes please provide details of the name, relationship and role

9. Materials

If applicable, please state what materials are to be used externally, include type, colour and name of each material

	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing reference if applicable
Walls	Brick with paint finish	Brick with paint finish	<input type="checkbox"/>	<input type="checkbox"/>	
Roof			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Windows		Double glazed white upvc frames	<input type="checkbox"/>	<input type="checkbox"/>	
Doors		White upvc	<input type="checkbox"/>	<input type="checkbox"/>	
Boundary treatments (e.g. fences walls)			<input checked="" 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 statements?

Yes No

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

Site and location plans scales 1:500,
1:200 & 1:1250
Detail plans and elevations

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			
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):

N/A

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 (eg 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

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 development site
 No

b) Designated sites, important habitats or other biodiversity

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

c) Features of geological conservation importance

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

14. Existing Use

Please describe the current use of the site:

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:

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

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

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 character? Yes No

If yes to either or both the above, you will need to provide a full Tree Survey, with accompanying plan before your application can be determined. 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 construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluent 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	No of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered Housing	<input type="checkbox"/>						
Bedsit/studio	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Existing Housing

Market Housing	Not Known	No of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered Housing	<input type="checkbox"/>						
Bedsit/studio	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Social Rented	Not Known	No of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered Housing	<input type="checkbox"/>						
Bedsit/studio	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Social Rented	Not Known	No of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered Housing	<input type="checkbox"/>						
Bedsit/studio	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Intermediate	Not Known	No of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered Housing	<input type="checkbox"/>						
Bedsit/studio	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Intermediate	Not Known	No of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered Housing	<input type="checkbox"/>						
Bedsit/studio	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Key worker	Not Known	No of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered Housing	<input type="checkbox"/>						
Bedsit/studio	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Key worker	Not Known	No of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered Housing	<input type="checkbox"/>						
Bedsit/studio	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

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

Total existing residential units (E+F+G+H)=

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

18. All Types of Development: Non-residential Floorspace

Does your proposal include the loss, gain or change of use of residential floorspace?

Yes No

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

Use class/type of use	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	Shops <input type="checkbox"/>			
	Net tradable area: <input type="checkbox"/>			
A2	Financial and professional services <input type="checkbox"/>			
A3	Restaurants and cafes <input type="checkbox"/>			
A4	Drinking establishments <input type="checkbox"/>			
A5	Hot food takeaways <input type="checkbox"/>			
B1(a)	Office (other than A2) <input type="checkbox"/>			
B1(b)	Research and development <input type="checkbox"/>			
B1(c)	Light industrial <input type="checkbox"/>			
B2	General industrial <input type="checkbox"/>			
B8	Storage or distribution <input type="checkbox"/>			
C1	Hotels and halls of residence <input type="checkbox"/>			
C2	Residential institutions <input type="checkbox"/>			
D1	Non-residential institutions <input type="checkbox"/>			
D2	Assembly and leisure <input type="checkbox"/>			
OTHER	Please specify <input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	Total <input type="checkbox"/>			

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	Hotels	<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

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

	Monday to Friday	Saturday	Sundays 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	

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:

Other:

Amount (tonnes):

Amount (tonnes):

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 2010 Certificate under Article 12
 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 to which the application relates but the land is, or is part of an agricultural holding.

** "owner" is a person with a freehold 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

Signed - Applicant:

Signed - Agent

Date (DD/MM/YYYY)

[Redacted Signature]

[Redacted Signature]

[Redacted Date]

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12
 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 to which this application relates.

** "owner" is a person with a freehold 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 - Agent

Date (DD/MM/YYYY)

[Redacted Signature]

[Redacted Signature]

08.02.2016

24. Ownership Certificates and Agricultural Land Declaration (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

I certify/The applicant certifies that:
Town and Country Planning (Development Management Procedure)(England) Order 2010 Certificate under Article 12

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 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:

Signed - Agent

Date (DD/MM/YYYY)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

I certify/The applicant certifies that:
Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

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 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:

Signed - Agent

Date (DD/MM/YYYY)

25. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all 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 completed and dated application form:



The correct fee:



The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing North:



The original and 3 copies of the completed, dated Ownership Certificates (A,B,C or D - as applicable) and Article 12 Certificate (Agricultural Holdings):



The original and 3 copies of all other plans and drawings or information necessary to describe the subject of the application:



The original and 3 copies of a design and access statement if required (see help text and guidance notes for details):

