



## Application for Outline Planning Permission With Some Matters Reserved. Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://www.planningportal.gov.uk/apply)

### Publication of applications on planning authority websites

Please note that the information provided 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:              | <input type="text" value="MR"/>                  | First name:   | <input type="text" value="ALAN"/> |
| Last name:          | <input type="text" value="HAYES"/>               |               |                                   |
| Company (optional): | <input type="text"/>                             |               |                                   |
| Unit:               | <input type="text"/>                             | House number: | <input type="text"/>              |
| House name:         | <input type="text" value="c/o HAWTHORNE HOUSE"/> |               |                                   |
| Address 1:          | <input type="text" value="NEW ROW LANE"/>        |               |                                   |
| Address 2:          | <input type="text"/>                             |               |                                   |
| Address 3:          | <input type="text"/>                             |               |                                   |
| Town:               | <input type="text" value="INGBIRCHWORTH"/>       |               |                                   |
| County:             | <input type="text"/>                             |               |                                   |
| Country:            | <input type="text"/>                             |               |                                   |
| Postcode:           | <input type="text" value="S36 7GG"/>             |               |                                   |

### 2. Agent Name and Address

|                     |                                                                                           |               |                                                                                    |
|---------------------|-------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------|
| Title:              | <input type="text"/>                                                                      | First name:   | <input type="text"/>                                                               |
| Last name:          | <input type="text" value="MICHAEL A CUNNING"/>                                            |               |                                                                                    |
| Company (optional): | <input type="text" value="Dip. Arch. Dip. T.P. A.R.I.B.A. Architect &amp; Town Planner"/> |               |                                                                                    |
| Unit:               | <input type="text"/>                                                                      | House number: | <input type="text" value="11 Huddersfield Road, Ingbirchworth, Barnsley S70 9GG"/> |
| House name:         | <input type="text"/>                                                                      |               |                                                                                    |
| Address 1:          | <input type="text"/>                                                                      |               |                                                                                    |
| Address 2:          | <input type="text"/>                                                                      |               |                                                                                    |
| Address 3:          | <input type="text"/>                                                                      |               |                                                                                    |
| Town:               | <input type="text"/>                                                                      |               |                                                                                    |
| County:             | <input type="text"/>                                                                      |               |                                                                                    |
| Country:            | <input type="text"/>                                                                      |               |                                                                                    |
| Postcode:           | <input type="text"/>                                                                      |               |                                                                                    |

### 3. Description of the Proposal

Please indicate those reserved matters for which approval is being sought (tick all that apply):

☐ None ☒ Access ☐ Appearance ☐ Landscaping ☐ Layout ☐ Scale

Please describe the proposed works:

HOUSING TO GARDEN + CURILAGE OF EXISTING HOUSE (3 NEW UNITS)

Has building or works already been carried out? ☐ Yes ☒ No

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

(date must be pre-application submission)

Have the works been completed? ☐ Yes ☐ No

If Yes, please state the date when the works were 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:                                                                                   | HAWTHORNE HOUSE |               |  |               |  |
| Address 1:                                                                                    | NEW ROW LANE    |               |  |               |  |
| Address 2:                                                                                    |                 |               |  |               |  |
| Address 3:                                                                                    |                 |               |  |               |  |
| Town:                                                                                         | WIGBOLDSPORTH   |               |  |               |  |
| County:                                                                                       |                 |               |  |               |  |
| Postcode (optional):                                                                          | 336 7GG         |               |  |               |  |
| Description of location or a grid reference.<br>(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? ☒ Yes ☐ No ☐ Unknown

Is a new or altered pedestrian access proposed to or from the public highway? ☒ Yes ☐ No ☐ Unknown

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

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

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

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)

DRG #1

#### 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

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

#### 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:

J. JENKINSON

Reference:

TELEPHONE + WRITTEN ENQUIRY

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

WOULD BE PREPARED TO  
CONSIDER HOUSING PROPOSAL

#### 7. Waste Storage and Collection

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

If Yes, please provide details:

NORMAL DOMESTIC

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

If Yes, please provide details:

NORMAL DOMESTIC

## 9. Materials

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

|                                             | Existing<br>(where applicable) | Proposed               | Not<br>applicable        | Don't<br>Know            |
|---------------------------------------------|--------------------------------|------------------------|--------------------------|--------------------------|
| Walls                                       |                                | NATURAL STONE          | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof                                        |                                | IMITATION STONE SLATES | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows                                     |                                | TIMBER                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Doors                                       |                                | TIMBER                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) |                                | EXISTING STONE WALLS   | <input type="checkbox"/> | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         |                                | TARMAC + STONE SETTS   | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting                                    |                                | DOMESTIC ONLY          | <input type="checkbox"/> | <input type="checkbox"/> |
| Others<br>(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:

DRBA1 DESIGN + ACCESS STATEMENT

## 10. Vehicle Parking

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

| Type of Vehicle                                  | Total<br>Existing | Total proposed (including<br>spaces retained) | Unknown total proposed<br>(including spaces retained) | Difference<br>in spaces |
|--------------------------------------------------|-------------------|-----------------------------------------------|-------------------------------------------------------|-------------------------|
| Cars                                             | UNLIMITED         | 8                                             | <input type="checkbox"/>                              | + 8                     |
| Light goods vehicles/<br>public carrier vehicles |                   | AVAILABLE IF<br>REQUIRED                      | <input type="checkbox"/>                              |                         |
| Motorcycles                                      |                   |                                               | <input type="checkbox"/>                              |                         |
| Disability spaces                                |                   |                                               | <input type="checkbox"/>                              |                         |
| Cycle spaces                                     |                   |                                               | <input type="checkbox"/>                              |                         |
| Other (e.g. Bus)                                 |                   |                                               | <input type="checkbox"/>                              |                         |
| Other (e.g. Bus)                                 |                   |                                               | <input type="checkbox"/>                              |                         |

### 11. Foul Sewage

Please state how foul sewage is to be disposed of:

- |                                                             |                                   |
|-------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Mains sewer                        | <input type="checkbox"/> Cess pit |
| <input type="checkbox"/> Septic tank                        | <input type="checkbox"/> Other    |
| <input checked="" type="checkbox"/> Package treatment plant | <input type="checkbox"/> Unknown  |

Are you proposing to connect to the existing drainage system? ☐ Unknown ☐ 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):

### 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

### 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

### 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?

- |                                                      |                                               |
|------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Sustainable drainage system | <input type="checkbox"/> Existing watercourse |
| <input checked="" type="checkbox"/> Soakaway         | <input type="checkbox"/> Pond/lake            |
| <input type="checkbox"/> Main sewer                  |                                               |

### 14. Existing Use

Please describe the current use of the site:

GARDEN CURTAINAGE

Is the site currently vacant? ☒ Yes ☐ No

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

2012 GARDEN AREA

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

(date where known may be approximate)

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

### 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?

☐ Yes☐ No

If Yes, please complete details of the changes in the tables below:

**Proposed Housing**

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

| Social Rented                               | Not known                | Number 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/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         | 0     |

| Intermediate                                | Not known                | Number 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/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         | 0     |

| Key worker                                  | Not known                | Number 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/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         | 0     |

**Total proposed residential units (A + B + C + D) =** 3**Existing Housing**

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

| Social Rented                               | Not known                | Number 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/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         | 0     |

| Intermediate                                | Not known                | Number 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/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         | 0     |

| Key worker                                  | Not known                | Number 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/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         | 1     |

**Total existing residential units (E + F + G + H) =** 1**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):** + 3

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 ☐ Unknown

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) | Unknown                  | Total gross internal floorspace proposed (including change of use)(square metres) | Unknown                  | Net additional gross internal floorspace following development (square metres) |
|-----------------------|-------------------------------------|--------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------|
| A1                    | Shops                               | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
|                       | Net tradable area:                  | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| A2                    | Financial and professional services | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| A3                    | Restaurants and cafes               | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| A4                    | Drinking establishments             | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| A5                    | Hot food takeaways                  | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| B1 (a)                | Office (other than A2)              | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| B1 (b)                | Research and development            | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| B1 (c)                | Light industrial                    | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| B2                    | General industrial                  | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| B8                    | Storage or distribution             | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| C1                    | Hotels and halls of residence       | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| C2                    | Residential institutions            | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| D1                    | Non-residential institutions        | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| D2                    | Assembly and leisure                | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| OTHER                 |                                     | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| Please Specify        |                                     | <input type="checkbox"/> |                                                    |                                                                                     | <input type="checkbox"/> |                                                                                   | <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 | Unknown                  | Total rooms proposed (including changes of use) | Unknown                  | Net additional rooms |
|----------------|--------------------------|--------------------------|----------------------------------------------------------|--------------------------|-------------------------------------------------|--------------------------|----------------------|
| C1             | Hotels                   | <input type="checkbox"/> |                                                          | <input type="checkbox"/> |                                                 | <input type="checkbox"/> |                      |
| C2             | Residential Institutions | <input type="checkbox"/> |                                                          | <input type="checkbox"/> |                                                 | <input type="checkbox"/> |                      |
| OTHER          |                          | <input type="checkbox"/> |                                                          | <input type="checkbox"/> |                                                 | <input type="checkbox"/> |                      |
| Please Specify |                          | <input type="checkbox"/> |                                                          | <input type="checkbox"/> |                                                 | <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:

| Use | Monday to Friday | Saturday | Sunday and Bank Holidays | Not known |
|-----|------------------|----------|--------------------------|-----------|
|     |                  |          |                          |           |
|     |                  |          |                          |           |
|     |                  |          |                          |           |

21. Site Area

Please state the site area in hectares (ha) 1.45 1000 0.1

## 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 ☐ Unknown

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) | Unknown                  | Maximum annual operational throughput put in tonnes (or litres if liquid waste) | Unknown                  |
|--------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------|--------------------------|
| Inert landfill                                                     | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Non-hazardous landfill                                             | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Hazardous landfill                                                 | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Energy from waste incineration                                     | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Other incineration                                                 | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Landfill gas generation plant                                      | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Pyrolysis/gasification                                             | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Metal recycling site                                               | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Transfer stations                                                  | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Material recovery/recycling facilities (MRFs)                      | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Household civic amenity sites                                      | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Open windrow composting                                            | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| In-vessel composting                                               | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Anaerobic digestion                                                | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Any combined mechanical, biological and/or thermal treatment (MBT) | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Sewage treatment works                                             | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Other treatment                                                    | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Recycling facilities construction, demolition and excavation waste | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Storage of waste                                                   | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Other waste management                                             | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <input type="checkbox"/> |
| Other developments                                                 | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                                 | <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:

Other:

Amount (tonnes):

Amount (tonnes):

24. Ownership Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate 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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which the application relates.

Signed - Applicant:

Date (DD/MM/YYYY):

5/12/2013

**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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which this application relates.

| Name of Owner | Address | Date Notice Served |
|---------------|---------|--------------------|
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

**Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12**

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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

The steps taken were:

| Name of Owner | 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):

## 24. Ownership Certificates (continued)

### CERTIFICATE OF OWNERSHIP - CERTIFICATE D

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

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 (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

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:

|  |
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|  |
|--|

Or signed - Agent:

|  |
|--|
|  |
|--|

Date (DD/MM/YYYY):

|  |
|--|
|  |
|--|

## 25. Agricultural Land Declaration

### AGRICULTURAL LAND DECLARATION

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of

Signed - Applicant:

|  |
|--|
|  |
|--|

Or signed - Agent:

|  |
|--|
|  |
|--|

Date (DD/MM/YYYY)

|           |
|-----------|
| 5/12/2013 |
|-----------|

(B) I have/ The applicant has given the requisite notice to every person who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

| Name of Tenant | Address | Date Notice Served |
|----------------|---------|--------------------|
|                |         |                    |
|                |         |                    |
|                |         |                    |
|                |         |                    |
|                |         |                    |

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:



The correct fee:



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:



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



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



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



The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):

