

This form is specifically designed to be printed and completed offline.

Please complete this form in block capitals using black ink to facilitate scanning.

You are advised to read the accompanying guidance notes and per-question help text.

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Application for Planning Permission

Town and Country Planning Act 1990 (as amended)

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:



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 on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website. Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

1. Applic	ant Name and Address
Title:	MS&MRFirst name: LISA & 70NY
Last name:	MITCHELL & CLAYTON
Company (optional):	* Company of the Comp
Unit:	House number: 211-211A House suffix:
House name:	
Address 1:	SPARK LANE
Address 2:	
Address 3:	MAPPLEWELL
Town:	BARNSLEY
County:	Company
Country:	
Postcode:	575 6AF

2. Agent	Name and Address
Title:	MS First name: MICHELE
Last name:	CHAMBERLAIN
Company (optional):	NEIL BOWEN ARCH 176C75 LTD
Unit:	House number: House suffix:
House name:	
Address 1:	OFFICE F7
Address 2:	MEXSPACE
Address 3:	MONCKTON ROAD
Town:	WAKERELD
County:	
Country:	
Postcode:	WFZ 7AS

3. Description of the Proposal	
Please describe the proposed development, including any change o	
PROPOSED CHANGE	OF USE FROM 2 NO 211A) TO INO DWELLING
DWELLINGS (211 8	ZUA) TO INIO DWELLING
	<i>y</i> 10 ,10 2 = 200,00
·	
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 number of permission in principle being relied on (technical details consent applications only):	
Is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by	Yes No
article 3 of S.I. 746/2021)?	
4. Site Address Details	5. Pre-application Advice Has assistance or prior advice been sought from the local
Please provide the full postal address of the application site.	
House 211 711 House	authority about this application? Yes No
unit: number: ZII-ZIIF suffix:	The state of the s
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
House name: Address 1: SPARK LANE	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
House name: Address 1: SPARK LANC Address 2:	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:
House name: Address 1: SPARK LANE Address 2: Address 3: MAPPLEUELL	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
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House name: Address 1: SPARK LANE Address 2: Address 3: MAPPLEUELL Town: BARNSLEY County: Postcode C7C6AE	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: MR MANNEW MARSOEN
House name: Address 1: SPARK LANE Address 2: Address 3: MAPPLEUELL Town: BARNSLEY County: Postcode (optional): S756AF Description of location or a grid reference.	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: MR MANIMOM MARSOCO Reference: Date (DD/MM/YYYY):
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House name: Address 1: SPARK LANE Address 2: Address 3: MAPPLEUELL Town: BARNSLEY County: Postcode (optional): S756AF Description of location or a grid reference. (must be completed if postcode is not known): Easting: U32678 Northing: LO9604	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: MR MATIMEW MARSOEN Reference: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? A DUISED PREVIOUS (LDC)
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House name: Address 1: SPARK LANE Address 2: Address 3: MAPPLEUELL Town: BARNSLEY County: Postcode (optional): S756AF Description of location or a grid reference. (must be completed if postcode is not known): Easting: U32678 Northing: LO9604	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: MR MATTICEW MARSDEN Reference: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? A DUISED PREVIOUS (LDC) APPLICATION SUBMITTED NOT VALID, ADVISED

6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway?	Do the plans incorporate areas to store and aid the collection of waste?
Is a new or altered pedestrian access proposed to or from the public highway?	If Yes, please provide details:
Are there any new public roads to be provided within the site?	ALREADY EXISTING
Are there any new public rights of way to be provided within or adjacent to the site?	
Do the proposals require any diversions /extinguishments and/or creation of rights of way? Yes No	Have arrangements been made for the separate storage and collection of recyclable waste? 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)	If Yes, please provide details:
	ALREADY EXISTING
8. Authority Employee / Member It is an important principle of decision-making that the process is opmeans related, by birth or otherwise, closely enough that a fair-mind conclude that there was bias on the part of the decision-maker in the Do any of the following statements apply to you and/or agent?	ed and informed observer, having considered the facts, would
If Yes, please provide details of their name, role and how you are rela	ited to them.
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	Culatina			od sple
	Existing (where applicable)	Proposed		Not Rucy Sod
/alls				
oof			/	
/indows				
)oors				
oundary treatments e.g. fences, walls)				
ehicle access and ard-standing				
ighting				
Others please specify)				
	litional information on submitted			Yes
Yes, please state rete	rences for the plan(s)/drawing(s)/	design and access statement	<u> </u>	
***************************************			-	
0. Vehicle Parkin				
	פי rmation on the existing and prop	osed number of on-site parki	ng spaces:	
Type of Vehic	Total	Total proposed spaces reta		Difference in spaces
Cars	3	3		
Light goods veh public carrier vel	icles/ hicles			
Motorcycle				
Disability space	ces			
Cycle space	s			
Other (e.g. Bu	us)			
Other (e.g. Bu	us)			

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of: Mains sewer Cess pit	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
Septic tank Other	planning authority requirements for information as necessary.) Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere?
ALREADY EXISTING	How will surface water be disposed of? Sustainable drainage system Existing watercourse
DRAINAGE CONNECTING	Soakaway Pond/lake
NEW ENSUITE TO EXISTAND	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
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.	2 NO DWELLINGS
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?	Is the site currently vacant? Yes No If Yes, please describe the last use of the site:
a) Protected and priority species:	
Yes, on the development site Yes, on land adjacent to or near the proposed development	
b) Designated sites, important habitats or other biodiversity features:	When did this use end (if known)? DD/MM/YYYY (date where known may be approximate)
Yes, on the development site	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination
Yes, on land adjacent to or near the proposed development	assessment with your application.
No	Land which is known to be contaminated? Yes
c) Features of geological conservation importance: Yes, on the development site	Land where contamination is suspected for all or part of the site? Yes No
Yes on land adjacent to or near the proposed development No	A proposed use that would be particularly vulnerable to the presence of contamination?
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the proposed development site?	Does the proposal involve the need to dispose of trade effluents or waste? 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	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
of the local landscape character? If Yes to either or both of the above, you may need to provide a full free Survey, at the discretion of your local planning authority. If a free 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'.	

ECAB 2024

if Yes, please complete details of the changes in the tables below: Proposed Housing									Existi	na L	Oue	ina			
							Total	Market	Т	_	Numk		Bedre	ooms	Total
Market Housing	Not known		2	3		Unknown	Total	Housing	Not known	1	2	3		Unknown	
Houses					1		o l	Houses				2			2
Flats/maisonettes							.,	Flats/maisonettes							į į
Sheltered housing		- 		-			0	Sheltered housing							4
Bedsit/studios							d	Bedsit/studios				_			Ø.
Cluster flats							0,	Cluster flats							C
Other							Á	Other		1					1
		To	tals (a	+ b +	c+d	+ e + f) =				Tot	als (a	+ b +	c + d	+ e + f) =	2_
Social, Affordable	1	7	Numb	er of	Bedre	ooms	Total	Social, Affordable	Not		Numk	er of	Bedr	ooms	Tota
or intermediate Rent	Not known		2	3	44	Unknown		or Intermediate Rent	known	1	2	3	4+	Unknown	
Houses	 			7	<u> </u>		(i)	Houses							ų2
Flats/maisonettes						<u> </u>	1,2	Flats/maisonettes							Į.
Sheltered housing							ť	Sheltered housing	6						C
Bedsit/studios			 				d	Bedsit/studios					· · · ·		(I
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Other			<u> </u>				ŕ	Other							í
Other		To	tals (a	+ 6+	c+d	+ e + f) =	B		.1	Tot	als (a	+ b +	c+a	+e+f=	6
	T		Numl			/	Total	Affordable Home	Not		Numl	oer of	Bedr	oopas	Tota
Affordable Home Ownership	Not known	1	2	3/		Unknown		Ownership	known		2	3		Unknown	
Houses							Ç.	Houses							9
Flats/maisonettes							Ü	Flats/maisonettes							Ь
Sheltered housing							€	Sheltered housing							
Bedsit/studios	X						d	Bedsit/studios							i,
Cluster flats							ê	Cluster flats							E
Other							í	Other							- [
· · · · · · · · · · · · · · · · · · ·		То	tals (c	ı + b +	c + a	+e+f)=	C			Tot	als (d	1+6+	-c+a	+e+f)=	1
	Not		Num	oer of	Bedr	ooms	Total	Starter Homes	Not		Numl	r	Bedr	ooms	Tota
Starter Homes	known	1	2	3	4+	Unknown			known	1_	2	3	4+	Unknowr	
Houses					ļ		a	Houses	$\perp \square$					-	G.
Flats/maisonettes				ļ	ļ <u>.</u>		b	Flats/maisonettes					_		b
Bedsit/studios			ļ		ļ. —		C	Bedsit/studios		_			_		<i>C</i>
Other							đ	Other		<u></u>	<u> </u>	<u> </u>		<u> </u>	d
	<i>-</i>		To	tals ((a + b	+ c + d) =	Ð	<u> </u>						+ c + d) =	İ
Self Build and	Not			ber of		ooms	Total	Self Build and	Not				1	ooms	Tota
Custom Build	knowr	1	2	/3_	4+	Unknown		Custom Build	known	1	2_	3	34	Unknowr	tic
Houses		 	/-		-		h h	Houses					 	<u> </u>	5
Flats/maisonettes					\vdash		 	Flats/maisonettes	╁╬		/		 	<u> </u>	E
Bedsit/studios	+ 😾	-		<u> </u>	-	 	$\frac{\epsilon}{d}$	Bedsit/studios Other	$+$ $\frac{1}{2}$	1	-	-	 		d
Other			<u> </u>	tale:	(a ± h	+c+d)=	G E	Other		<u> </u>		otals	$\frac{1}{(a+b)}$	+c+d) =	J
L				rai\$ (u + 0		E.								<i>l</i>
·											• •	/F **		, n	
Total proposed res	identia	l unit	:s (/	\ + B +	· C + L	O+E)=	1	Total existing re	esidenti	al un	its	(F + G	i + H +	- I + J) =	<u>L</u>

ŀ	Types of Developm			•	_	
Does yo		ss, ga	in or change of u	se of non-residential floors	pace?	
		estir	nn above nlease :	add details in the following	table	
Use class/type of use			Existing gross internal floorspace (square metres)	Gross internal floorspace	Total gross internal floorspace proposed (including change of use) (square metres) (c)	Net additional gross internal floorspace following development (square metres) $(d=c-a)$
B2	General industrial					
B8	Storage or distribution					
C1	Hotels and halls of residence					
C2	Residential institutions					
C2A	Secure Residential institutions					
C4	Homes in Multiple Occupation					
E(a)	Display/Sale of goods other than hot food					
E(b)	Sale of food and drink for consumption mostly on the premises					
E(c)(i)	Financial services					
E(c)(ii)	Professional services					
E(c)(iii)	Other appropriate services in a commercial, business or service locality					
E(d)	Indoor sport, recreation, or fitness - Excluding motorised vehicles, firearms, swimming, and skating					
E(e)	Medical or health services - Except premises attached to the residence of the provider					
E(f)	Creche, day nursery or day centre - Except where including a residential use					
E(g)(i)	Offices - Except where not suitable in a residential area					
E(g)(ii)	Research and development - Except where not suitable in a residential area					
E(g)(iii)	Industrial processes - Except where not suitable in a residential area					
F1	Learning and non- residential institutions					
F2	Local community uses (essential shops, meeting places, sport, and recreation)					
OTHER						
Please Specify						
	Total					

Does the	proposal inc	lude use as a	a shop	Non-resident (e.g. For the disp				ssential goods under Use	
Class F2, Yes	or as part of a	any other us	e)						
	· · · · · · · · · · · · · · · · · · ·	Ves to the a	upstin	n above please a	add details in the	e followina	 table:		
<u> </u>	you have answered Yes to the q Use class/type of use		able	Existing tradable floor area (square metres)	Tradable floor lost by chang demoli	area to be e of use or tion	Total tradable floor area proposed (including change of use)(square metres) (g)	Net additional tradable floor area following development (square metres) $(h = g - e)$	
E(a)	Display/Sa other than	le of goods n hot food		(-7					
F2	(essential she places, s	nunity uses ops, meeting port, and ation)							
OTHER									
Please Specify				/					
	ļ	tal							
Yes	No			f rooms for hote n above please a					
Use class	Type of use	Not applicable		ng rooms to be I of use or dem	ost by change	Total room	ns proposed (including nanges of use)	Net additional rooms	
C1	Hotels								
C2	Residential Institutions								
C2A	Secure Residential Institutions								
OTHER									
Please Specify									
	nployment			<u>-</u> : ————					
Please	complete the	following in	forma	tion regarding e			To	tal full-time	
				Full-time	Part	-time		quivalent	
	xisting emplo								
L Pr	oposea empl	oyees							
20 4	ours of Ope	ning		-					
	_		of ope	ning (e.g. 15:30)	for each non-re	sidential us	e proposed:		
	Use			y to Friday	Saturda		Sunday and Bank Holidays	Not known	
				-	/				
					-				
			· · · · · · · · · · · · · · · · · · ·						
	te Area	-							
Please :	state the site	area in hecta	res (ha	a) 762	m				

22. Industrial or Commercial Proce	esses	and Machinery	
Please describe the activities and processes be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed o	which acts in includ	would	
Is the proposal a waste management devek	opmei	nt? Yes No	
If the answer is Yes, please complete the fol	lowing	g table:	
	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making n allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	io Maximum annual operational
inert landfill			
Non-hazardous landfill			
Hazardous landfill			
Energy from waste incineration			
Other incineration			
Landfill gas generation plant			
Pyrolysis/gasification			
Metal recycling site			
Transfer stations			
Material recovery/recycling facilities (MRFs)			
Household civic amenity sites			
Open windrow composting			
In-vessel composting			
Anaerobic digestion			
Any combined mechanical, biological and/ or thermal treatment (MBT)			
Sewage treatment works	\Box		
Other treatment			
Recycling facilities construction, demolition and excavation waste			
Storage of waste			
Other waste management			
Other developments			
Please provide the maximum annual operati	onal t	hroughput of the following waste streams:	
Municipal			
Construction, demolition and e		tion	
Commercial and industr	iai		
Hazardous		ide from the single of the sin	
planning authority should make clear what i	nform	ide further information before your application of attention it requires on its website.	can be determined. Your waste
23. Hazardous Substances		4	
Does the proposal involve the use or storage the following materials in the quantities state			cable
If Yes, please provide the amount of each sul	ostano	e that is involved:	1
Acrylonitrile (tonnes)	Et	hylene oxide (tonnes)	Phosgene (tonnes)
Ammonia (tonnes)	•		Sulphur dioxide (tonnes)
Bromine (tonnes)	L	quid oxygen (tormes)	Flour (tonnes)
Chlorine (tonnes) Liq	uid p	Refir	ned white sugar (tonnes)
Other:		Other:	
Amount (tonnes):		Amount (tonnes):	

ECAB 2024

24. Biodiversity Net Gain
Do you believe that, if the development is granted planning permission, the Biodiversity Gain Condition (as set out in Paragraph 13 of Schedule 7A of the Town and Country Planning Act 1990) would apply?
Yes No
If No, please provide reasons, with reference to which exemptions or transitional arrangements you believe apply:
CHANGE OF USE FROM Z OWELLINGS
CHANGE OF USE FROM Z OWELLINGS TO 1 SO NOT APPLICABLE
If Yes, please provide the information requested in all the questions below:
Please provide the date the pre-development biodiversity value of onsite habitat(s) have been calculated: (this should be one of the following dates: the date of this application; or an earlier proposed date)
Please provide the pre-development biodiversity value of onsite habitats on this date:
If a date earlier than the date of the submission of the planning application has been specified above, please provide reasons why this date has been used:
Please state the publication date of the biodiversity metric tool(s) used to calculate the onsite biodiversity value(s) provided above.

24. Biodiversity Net Gain (continued)
Has there been any loss (or degradation) of any onsite habitat(s), resulting from activities carried out before the date the pre-development biodiversity value of onsite habitat(s) was calculated and either: on or after 30 January 2020 which were not in accordance with a planning permission; or
• on or after 25 August 2023 which were in accordance with a planning permission? Yes No
If yes, please provide details including: the date immediately before this activity was carried out; the onsite biodiversity value on this date; and any supporting evidence (or reference to relevant document containing these details).
and any supporting evidence (or reference to relevant about nertice containing triese details).
Date (DD/MM/YYYY):
If yes, please state the publication date of the biodiversity metric tool(s) used to calculate any onsite biodiversity value(s) provided above.
Does the application site have irreplaceable habitat(s) (corresponding to the descriptions in The Biodiversity Gain Requirements (Irreplaceable Habitat) Regulations 2024) which exist on land to which this application relates on the date the pre-development biodiversity value of onsite habitat(s) was calculated?
☐ Yes ☐ No
If yes, please provide a description of these and any further details (for example reference to relevant document):
 I/We confirm this application is accompanied by the following: i. The completed biodiversity metric tool(s) showing the calculation of the pre-development biodiversity values, and on the dates, detailed above including, if applicable, those related to any loss (or degradation) of any onsite habitat(s) ii. Plan(s), showing onsite habitat(s) existing on the date the pre-development biodiversity value of onsite habitat(s) was calculated; and
iii. If applicable, plan(s) showing onsite irreplaceable habitat(s) existing on the date the pre-development biodiversity value of onsite habitat(s) was calculated.
Please provide details (for example reference to relevant document):
NA
Note: Plans must be drawn to an identified scale, and show the direction of North.

25. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form **CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

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**

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	f, an agricultural holding.	a or building to which the
* "owner" is a person with a freehold interest or lea: ** "agricultural holding" has the meaning given by	sehold interest with at least 7 years left to run. reference to the definition of "agricultural tenant" in s	ection 65(8) of the Act.
Signed - Applicant:		Date (DD/MM/YYYY):
Town and Country Planning (Developm I certify/ The applicant certifies that I have/the a 21 days before the date of this application, was application relates. * "owner" is a person with a freehold interest or lea.	RTIFICAT Lent Management Procedure) (England) Order 20 Lepplicant has given the requisite notice to everyone the owner* and/or agricultural tenant** of any pa Lepplicant has east 7 years left to run. Lepplicant has been and Country Planning Act 19.	e else (as listed below) who, on the day it of the land or building to which thi
Name of Owner / Agricultural Tenant	Address	Date Notice Served
·		
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYÝÝ):

25. Ownership Certificates and Agricultural Land Declaration (continued)					
Town and Country Planning (Develorerify/ The applicant certifies that: Neither Certificate A or B can be is: All reasonable steps have been tal the land or building, or of a part of "owner" is a person with a freehold interest "agricultural tenant" has the meaning give	slopment Manage sued for this applic ten to find out the it, but I have/ the or leasehold interes	cation names and addresses o applicant has been una st with at least 7 years lefi	land) Order 2015 Certificate f the other owners* and/or ag ble to do so.		
The steps taken were:					
			·		
Name of Owner / Agricultural Tenant		Address		Date Notice Served	
		_/			
Notice of the application has been published (circulating in the area where the land is sit	ed in the following uated):	newspaper	On the following date (which than 21 days before the date	must not be earlier of the application):	
Signed - Applicant:	Or	signed - Agent:		Date (DD/MM/YYYY):	
			And the second s		
Town and Country Planning (Devel certify/ The applicant certifies that: Certificate A cannot be issued for the All reasonable steps have been take date of this application, was the own have/ the applicant has been unable "owner" is a person with a freehold interest of agricultural tenant" has the meaning given The steps taken were:	opment Manager is application in to find out the n ner* and/or agricu to do so, r leasehold interest	names and addresses of ultural tenant** of any p with at least 7 years left i	everyone else who, on the day art of the land to which this a	v 21 days before the	
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):		newspaper	On the following date (which than 21 days before the date	must not be earlier of the application):	
Signed - Applicant:	Or s	igned - Agent:		Date (DD/MM/YYYY):	

26. Planning Application Requirements - Checklist					
Please read the following checklist to make sure you have sent all the information required will result in your application being deemed invathe Local Planning Authority (LPA) has been submitted.	information in support of your proposal. Failure to submit all alid. It will not be considered valid until all information required by				
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 a fire 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) and Article 14 Certificate (Agricultural Holdings):				
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.					
Plans can be bought from one of the Planning Portal's accredited sup	pliers: https://www.planningportal.co.uk/buyaplanningmap				
27. Declaration I/we hereby apply for planning permission/consent as described in thi information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Date (DD/MM/YYYY): 14-102/26 (date cannot be pre-application)				
28. Applicant Contact Details	29. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional):	Country code: Country code: Country code: Country code: Fax number (optional):				
30. Site Visit					
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No					
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Other (if different from the agent/applicant's details)				
If Other has been selected, please provide:	•				
Contact name:	Telephone number:				
Email address:					