Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting 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. Applic	ant Name and Address	2. Agent Name and Address		
Title:	First name:	Title: First name:		
Last name:		Last name:		
Company (optional):		Company (optional):		
Unit:	House number: House suffix:	Unit: House number: House suffix:		
House name:		House name:		
Address 1:		Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:		Town:		
County:		County:		
Country:		Country:		
Postcode:		Postcode:		

3. Site Address Details				e-application Advice		
Please provide the full postal address of the application site.				sistance or prior advice been sought from the local rity about this application?		
Unit:	House number:	House suffix:	autilo	Yes No		
House name:		,	you w	please complete the following information about the advice ere given. (This will help the authority to deal with this		
Address 1:			Please	ation more efficiently). e tick if the full contact details are not		
Address 2:				n, and then complete as much as possible:		
Address 3:				i Haine.		
Town:			Refere	ence:		
County:						
Postcode (optional):				Date (DD/MM/YYYY):		
Description	of location or a grid reference. Impleted if postcode is not known):		Ι'	be pre-application submission) Is of pre-application advice received?		
	· · ·		Detail	is of pre-application advice received:		
Easting: Description	Northing:					
Description						
	ption Of Your Proposal					
and date of	ide a description of the approved d decision in the sections below:	evelopment as snown	on the	decision letter, including the application reference number		
Reference r	number:	Date of decision:		(Date must be pre-application submission) (DD/MM/YYYY)		
Please state the condition number(s) to which this application relates:						
1.			6.			
2.			7.			
3.			8.			
4.			9.			
5.			10.			
Has the development already started?				Yes No		
If Yes, plea	se state when the development star	ted (DD/MM/YYYY):		(date must be pre-application submission)		
Has the development been completed?				Yes No		
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
6. Discharge Of Condition						
Please provide a full description and/or list of the materials/details that are being submitted for approval:						
7. Part Discharge Of Condition(s) Are you seeking to discharge only part of a condition? Yes No						
If Yes, please indicate which part of the condition your application relates to:						

8. 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 inv the Local Planning Authority has been submitted.	
The original and 3 copies of a completed and dated application form:	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:
The correct fee:	
9. Declaration I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent:
Date (DD/MM/YYYY): (date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
12. Site Visit	eather public land? V
Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide: Contact name:	Telephone number:

Email address: