



Application for Outline Planning Permission with all matters reserved.  
Town and Country Planning Act 1990

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.

1. Applicant Name, Address and Contact Details

Title:  First name:  Surname:

Company name:

Street address:

Town/City:

County:

Country:

Postcode:

Telephone number:  Country Code:  National Number:  Extension Number:

Mobile number:

Fax number:

Email address:

Are you an agent acting on behalf of the applicant?  Yes  No

2. Agent Name, Address and Contact Details

Title:  First Name:  Surname:

Company name:

Street address:

Town/City:

County:

Country:

Postcode:

Telephone number:  Country Code:  National Number:  Extension Number:

Mobile number:

Fax number:

Email address:

3. Description of the Proposal

Please describe the proposal:

Has the building or works already been carried out?  Yes  No

#### 4. Site Address Details

Full postal address of the site (including full postcode where available)

House:  Suffix:

House name:

Street address:

Town/City:

County:

Postcode:

Description:

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

Easting:

Northing:

#### 5. 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 an appropriate flood risk assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?

Yes  No

Will the proposal increase the flood risk elsewhere?

Yes  No

How will surface water be disposed of?

Sustainable drainage system  Main sewer  Pond/lake

Soakaway  Existing watercourse

#### 6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes  No

#### 7. Authority Employee/Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

Yes  No

#### 8. Site Area

What is the site area?

#### 9. Residential Units

Does your proposal include the gain or loss of residential units?

Yes  No

##### Market Housing - Proposed

|                   | Number of bedrooms |   |   |    |         |
|-------------------|--------------------|---|---|----|---------|
|                   | 1                  | 2 | 3 | 4+ | Unknown |
| Houses            |                    |   | 1 |    |         |
| Flats/Maisonettes |                    |   |   |    |         |
| Live-Work units   |                    |   |   |    |         |
| Cluster flats     |                    |   |   |    |         |
| Sheltered housing |                    |   |   |    |         |
| Bedsit/Studios    |                    |   |   |    |         |
| Unknown           |                    |   |   |    |         |

Proposed Market Housing Total

##### Market Housing - Existing

|                   | Number of bedrooms |   |   |    |         |
|-------------------|--------------------|---|---|----|---------|
|                   | 1                  | 2 | 3 | 4+ | Unknown |
| Houses            |                    |   | 1 |    |         |
| Flats/Maisonettes |                    |   |   |    |         |
| Live-Work units   |                    |   |   |    |         |
| Cluster flats     |                    |   |   |    |         |
| Sheltered housing |                    |   |   |    |         |
| Bedsit/Studios    |                    |   |   |    |         |
| Unknown           |                    |   |   |    |         |

Existing Market Housing Total

### 9. Residential Units (continued)

#### Overall Residential Unit Totals

|                                  |   |
|----------------------------------|---|
| Total proposed residential units | 1 |
| Total existing residential units | 1 |

### 10. 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

### 11. Employment

If known, please complete the following information regarding employees:

|                    | Full-time | Part-time | Equivalent number of full-time |
|--------------------|-----------|-----------|--------------------------------|
| Existing employees | 0         | 0         | 0                              |
| Proposed employees | 0         | 0         | 0                              |

### 12. Hours of Opening

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

| Use   | Monday to Friday |          | Saturday   |          | Sunday and Bank Holidays |          | Not Known                           |
|-------|------------------|----------|------------|----------|--------------------------|----------|-------------------------------------|
|       | Start Time       | End Time | Start Time | End Time | Start Time               | End Time |                                     |
| A1    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| A2    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| A3    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| A4    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| A5    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| B1A   |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| B1B   |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| B1C   |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| B2    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| B8    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| C1    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| C2    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| D1    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| D2    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| Other |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |

### 13. 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:

NA

Is the proposal for a waste management development?

Yes  No

### 14. Existing Use

Please describe the current use of the site:

Residential Garden Area

Is the site currently vacant?  Yes  No

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

Vacant dwelling

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

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated?  Yes  No

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

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

### 15. 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)

The agent  The applicant  Other person

### 16. Certificates (Certificate A)

#### 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 (*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 the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding (*"agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act*).

Title:  First name:  Surname:

Person role:  Declaration date:   Declaration made

### 17. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Date