

29 SEP 2009

Householder Application for Planning Permission for works or extension to a dwelling Town and Country Planning Act 1990

FILE COPY

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under Data Protection Act which you do not wish to be published on the council's website, please contact the council's plan 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:	MR & MRS	First name:	
Last name:	GREEN		
Company (optional):			
Unit:		House number:	34
		House suffix:	
House name:			
Address 1:	AINTREE DRIVE		
Address 2:			
Address 3:			
Town:	SPALDING		
County:	Lincs		
Country:	ENGLAND		
Postcode:	PE 11 3 BS		

2. Agent Name and Address

Title:		First name:	ROGER
Last name:	WILLIAMS		
Company (optional):			
Unit:		House number:	7
		House suffix:	
House name:			
Address 1:	MILLERS VIEW		
Address 2:	OLD LEAKE		
Address 3:			
Town:	BOSTON		
County:	Lincs		
Country:	ENGLAND		
Postcode:	PE 22 9QR		

3. Description of Proposed Works

Please describe the proposed works:

PROPOSED ALTERATIONS AND EXTENSIONS

3. Description of Proposed Works (continued)

Has the work already started?

☐ Yes

☒ No

If Yes, please state when the work was started (DD/MM/YYYY):

(date must be pre-application submission date)

Has the work already been completed?

☐ Yes

☒ No

If Yes, please state when the work was completed (DD/MM/YYYY):

(date must be pre-application submission date)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

5. Pedestrian and Vehicle Access, Roads and Rights of Way

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

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

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

If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s):

6. 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 possible: ☐

Officer name:

Reference:

Date (DD MM YYYY):
(must be pre-application submission date)

Details of the pre-application advice received:

7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your boundary? ☐ Yes ☒ No

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:

Will any trees or hedges need to be removed or pruned in order to carry out your proposal? ☐ Yes ☒ No

If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan/drawing(s) and indicate the scale.

8. Parking

Will the proposed works affect existing car parking arrangements? ☐ Yes ☒ No

If Yes, please describe:

9. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the council? ☐ Yes ☒ No

If Yes, please provide details:

10. Materials

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

	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable
Walls		FACE BRICK TO MATCH EXISTING	☐	☐	
Roof		CONC. ROOF TILES TO MATCH EXISTING	☐	☐	
Windows		WHITE PVCU	☐	☐	
Doors		— — —	☐	☐	
Boundary treatments (e.g. fences, walls)			☒	☐	
Vehicle access and hard-standing			☒	☐	
Lighting			☒	☐	
Others (please specify)			☒	☐	

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☐ Yes

☒

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

t Contact Details

bers

National number:

Extension number:

Mobile number (optional):

Fax number (optional):

optional):

15. Agent Contact Details

Telephone numbers

Country code:

National number:

Extens number

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

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r Article 7^s
the applicant was the
e land or building to

Date (DD/MM/YY)

25/09/09

r Article 7
d below) who, on the
interest with at least 7 y

Date Notice Serve

een from a public road, public footpath, bridleway or other public land?

☒ Yes

☐ No

authority needs to make an appointment to carry
hom should they contact? (Please select only one)

☐ Agent

☒ Applicant

☐ Other (if different from
agent/applicant's deta

selected, please provide:

Telephone number:

Date (DD/MM/YY)

r Article 7

son with a freehold
the applicant has bee

Date Notice Serve

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e of the application):

Date (DD/MM/YY)