Application for Planning Permission and conservation area consent for demolition in a conservation area. Town and Country Planning Act 1990 Planning (Listed Building 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 Ad	dress			2. Agent Nan	ne and Address	
Title:	First nar	ne:			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:		
	ption of the Prop		ncluding de	tails of the	proposed demolition	on:	
	ding, work or se already started?	Yes	☐ No	works or	ease state the date wase were started (East be pre-application	DD/MM/YYYY):	
	ding, work or se been completed?	Yes	No No	If Yes, ple or chang	ease state the date	when the building, work eted (DD/MM/YYYY):	

\$Date:: 2013-01-07 #\$ \$Revision: 4679 \$

4. Site Add	dress Details)	5. Pre-application Advice
Please provid	e the full postal address of the app	<u></u>	Has assistance or prior advice been sought from the local authority about this application?
Unit:	House number:	House suffix:	authority about this application? Yes No
House name:			If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1:			application more efficiently).
Address 2:			Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:			Officer name:
Town:			
County:			Reference:
Postcode (optional):			
Description o	of location or a grid reference.		Date (DD/MM/YYYY): (must be pre-application submission)
Easting:	npleted if postcode is not known): Northing:		Details of pre-application advice received?
Description:	Northing.		
Description.			
6. Pedestria	n and Vehicle Access, Roads a	and Rights of Way	7. Waste Storage and Collection
	ered vehicle access proposed		Do the plans incorporate areas to store
to or from the	e public highway?	Yes No	and aid the collection of waste? Yes No
	ered pedestrian access proposed public highway?	☐ Yes ☐ No	If Yes, please provide details:
	new public roads to be		
provided with	· ·	Yes No	
	new public rights of way to vithin or adjacent to the site?	Yes No	
Do the propo	sals require any diversions		
/extinguishm	ents and/or	Yes	Have arrangements been made for the separate
creation of rig	jnts or way?		storage and collection of recyclable waste? Yes No
If you answer details on you (s)/drawings(red Yes to any of the above questi ur plans/drawings and state the re s)	ons, please show eference of the plan	If Yes, please provide details:
		J	
8 Authori	ty Employee / Member		
	to the Authority, I am: (a) a memb		Do any of these statements apply to you? Yes No
	` ,	ted member to a member of staff	
	(d) related	to an elected member	r
If Yes, please	provide details of the name, relati	ionship and role	7

-	_	d Demolition Work or part of the building(s) an	d/or structu	re(s)?			
10. Materials If applicable, please sta	te what ma	terials are to be used extern	ally. Include	e type, colour and name for e	ach material:		
	Existing (where ap	plicable)		Proposed		Not applicable	Don't Know
Walls							
Roof							
Windows							
Doors							
Boundary treatments (e.g. fences, walls)							
Vehicle access and hard-standing							
Lighting							
Others (please specify)							
		rmation on submitted plan(s he plan(s)/drawing(s)/desigi)/design and access statemer	nt? Yes		No
The state of the s		p.a(e), a.ag(e), a.ee.g.					
11. Vehicle Parkir	ng						
	_	the existing and proposed r	number of o	n-site parking spaces:			
	Please provide information on the existing and proposed nu Type of Vehicle Total Existing		Tota	Total proposed (including Differen			
Cars		Existing		spaces returned)	in spaces		
Light goods veh public carrier ve	icles/ hicles						
Motorcycles							
Disability space	ces						
Cycle space							
Other (e.g. Bu							
Other (e.g. Bu	JS)		[1		

12. Foul Sewage	13. Assessment of Flood Risk
Please state how foul sewage is to be disposed of: Mains sewer Cess pit Septic tank Other	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
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)? 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):	Will the proposal increase the flood risk elsewhere? Yes No
	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
14. Biodiversity and Geological Conservation	15. Existing Use
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:	Please describe the current use of the site: Is the site currently vacant? Yes No If Yes, please describe the last use of the site:
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:	When did this use end (if known)? (DD/MM/YYYY):
Yes, on the development site Yes, on land adjacent to or near the proposed development No	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.
c) Features of geological conservation importance:	Land which is known to be contaminated? Yes No Land where contamination is
Yes, on the development site	suspected for all or part of the site? Yes No A proposed use that would
Yes, on land adjacent to or near the proposed development No	be particularly vulnerable to the presence of contamination? Yes No
16. Trees and Hedges	17. Trade Effluent
Are there trees or hedges on the proposed development site? Yes No And/or: Are there trees or hedges on land adjacent to the	Does the proposal involve the need to dispose of trade effluents or waste? If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the development or might be important as part of the local landscape character? 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 design, demolition and construction - Recommendations'.	of trade effluents or waste Spate:: 2013-01-07 #\$ \$Revision: 4679 \$

Does your proposal inc If Yes, please complete	clude tr e details	e gai of th	n, loss e cha	s or ch nges	nange in the	e of use of i tables bel	residen low:	tial units? Yes		10					
Proposed Housing									Existi	ng l	Hous	ing			
Market Housing	Not known	1	Numk 2	per of	Bedr 4+	ooms Unknown	Total	Market Housing	Not known	1	Numl 2	ber of	Bedr 4+	ooms Unknown	Tota
Houses		-					а	Houses				3	7'	OTIKHOWIT	а
Flats and maisonettes							b	Flats and maisonettes							b
Live-work units							С	Live-work units							С
Cluster flats							d	Cluster flats							d
Sheltered housing							е	Sheltered housing							е
Bedsit/studios							f	Bedsit/studios							f
Unknown type							g	Unknown type							П
31		otals	(a + b) + C +	d + e	+ f + q) =	A	OTIKITOWIT Type		ntale	(a + h) + C +	d + 0	+ f + g) =	<i>g</i>
						<i>3</i> /				otais	i (a + L	7 + 6 +	u+c	+1+9)=	L
Social Rented	Not		Numk	oer of	Bedr	ooms	Total	Social Rented	Not		Numl	ber of	Bedr	ooms	Tota
Social Refiled	known	1	2	3	4+	Unknown			known	1	2	3	4+	Unknown	
Houses							а	Houses							а
Flats and maisonettes							b	Flats and maisonettes							b
Live-work units							С	Live-work units							С
Cluster flats							d	Cluster flats							d
Sheltered housing							е	Sheltered housing							е
Bedsit/studios							f	Bedsit/studios							f
Unknown type							g	Unknown type							g
	To	otals	(a + b) + C +	d + e	+ f + g) =	В		To	otals	(a + k) + C +	d + e	+ f + g) =	F
	Not		Numk	ner of	Redr	noms	Total		Not		Numl	her of	Redr	ooms	Tota
Intermediate	known	1	2	3	4+	Unknown		Intermediate	known	1	2	3	4+	Unknown	
Houses							а	Houses							а
Flats and maisonettes							b	Flats and maisonettes							b
Live-work units							С	Live-work units							С
Cluster flats							d	Cluster flats							d
Sheltered housing							е	Sheltered housing							е
Bedsit/studios							f	Bedsit/studios							f
Unknown type							g	Unknown type							g
	To	otals	(a + b) + C +	d + e	+ f + g) =	С		To	otals	(a + k) + C +	d + e	+ f + g) =	G
							I 1	[·							I
Key worker	Not known	1	Numb 2	oer of	Bedr 4+	ooms Unknown	Total	Key worker	Not known	1	Numl 2	oer of	Bedr 4+	ooms Unknown	Tota
Houses		•		3	7'	OTIKHOWII	а	Houses				5	7'	OTIKHOWIT	а
Flats and maisonettes							b	Flats and maisonettes							b
Live-work units							С	Live-work units							С
Cluster flats							d	Cluster flats							d
Sheltered housing							е	Sheltered housing							е
Bedsit/studios							f	Bedsit/studios							f
Unknown type							g	Unknown type							g
	To	otals	(a + b) + C +	d + e	+ f + g) =	D		To	otals	(a + k) + C +	d + e	+ f + g) =	Н
Total proposed residential units (A + B + C + D) =						Total existing	resider	ntial	units	(E -	- F + C	G + H) =			

18. Residential Units (Including Conversion)

If yo	u have answe	ered Yes to t		estion above ple	ase add details	in the follow	ring table:	
Us	e class/type	of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal to be lost by use or den (square n	change of nolition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following developmen (square metres)
A1	Sho	ps						
	Net trada							
A2	Financ profession	ial and al services						
А3	Restaurant							
A4	Drinking est	ablishments						
A 5	Hot food t	akeaways						
B1 (a)	Office (other							
B1 (b)	Resear develo							
B1 (c)	Light in							
B2	General i	ndustrial						
B8	Storage or o	distribution						
C1	Hotels an resid							
C2	Residential							
D1	Non-res		П					
D2	institu Assembly a							
OTHER								
Please								
specify	To	tal						
In ad			tial in	stitutions and ho	ctals places ad	ditionally in	dicate the loss or gain of	rooms
Use	Type of use	Not		ing rooms to be I of use or dem		Total room	s proposed (including	Net additional rooms
Class		applicable		of use or dem	olition	ch	anges of use)	Trot additional rooms
C1	Hotels Residential							
	Institutions							
OTHER								
Please specify								
0 Fm	ployment							
'	. ,	following inf	orma	tion regarding en	nnlovees:			
10030 00	ompiete trie i		Office	Full-time	<u> </u>	-time		al full-time
Fxi	stina employ	vees .		T dir tillio	Turt		ec	quivalent
	Existing employees Proposed employees							
	'							
1. Ho	urs of Ope	ning						
Pleas	Please state the hours of opening for each non-residential use proposed:						T	
	Use	M	londa	y to Friday	Saturda	у	Sunday and Bank Holidays	Not known
						ı		Î.

23. 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 develo	pmer	nt? Yes	☐ No				
If the answer is Yes, please complete the following	owin	g table:					
	Not applicable	The total capa including engir allowance for tonnes if soli	acity of the void in neering surcharge cover or restoration d waste or litres if	and making on material (c	through put in tonnes		
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							
Other treatment							
Recycling facilities construction, demolition and excavation waste							
Storage of waste							
Other waste management							
Other developments							
Please provide the maximum annual operat	ional	throughput of th	e following waste	streams:			
Municipal							
Construction, demolition and e		ation					
Commercial and indust	rial						
Hazardous		. t.l ct t c					
If this is a landfill application you will need t planning authority should make clear what	o pro inforr	nation it requires	mation before you s on its website.	ur applicatior	n can be determined. Your waste		
24. Hazardous Substances							
Does the proposal involve the use or storage the following materials in the quantities state			No No	Not app	blicable		
If Yes, please provide the amount of each su	bstan	ce that is involve	ed:				
Acrylonitrile (tonnes)	E	thylene oxide (to	onnes)		Phosgene (tonnes)		
Ammonia (tonnes)	Hydr	ogen cyanide (to	onnes)		Sulphur dioxide (tonnes)		
Bromine (tonnes)	I	Liquid oxygen (to	onnes)		Flour (tonnes)		
Chlorine (tonnes) Li	quid p	oetroleum gas (to	onnes)	Ref	fined white sugar (tonnes)		
Other:	Other: Other:						
Amount (tonnes):			Amount (to	nnes):			

25. Ownership Certificates				
One certificate A, B, C, or D must be o				this application form
Tarana and Carana Blancaina (Daran		E OF OWNERSHIP - CERT		
Town and Country Planning (Dev Regulation 6 of tl	reiopment iviana ne Planning (List	igement Procedure) (Eng ted Buildings and Conser	vation Areas) Regulations 199	inder Article 12 & 90
I certify/The applicant certifies that on	the day 21 days I	before the date of this app	olication nobody except myself	f/ the applicant was the
owner (owner is a person with a freehold	I interest or leaseh	nold interest with at least 7	years left to run) of any part of	the land or building to
which the application relates.				
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
		E OF OWNERSHIP - CERTI		
Town and Country Planning (Dev	elopment Mana	gement Procedure) (Engl	and) Order 2010 Certificate u	nder Article 12 &
I certify/ The applicant certifies that I ha	ve/the applicant	has given the requisite no	vation Areas) Regulations 199	oelow) who, on the day
21 days before the date of this application	n, was the owner	r (owner is a person with a f	reehold interest or leasehold inte	rest with at least 7 years
<i>left to run)</i> of any part of the land or build	ling to which this	application relates.		
Name of Owner		Address		Date Notice Served
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
ang		- Indiana in garan		
	CEDTIFICATI	E OF OWNERSHIP - CERTI	FICATEC	
Town and Country Planning (Dev				nder Article 12 &
Regulation 6 of th	ne Planning (List	ed Buildings and Conserv	vatión Areas) Regulations 199	0
 Certify/ The applicant certifies that: Neither Certificate A or B can be 	issued for this an	nlication		
 All reasonable steps have been to 	taken to find out i	the names and addresses o	of the other owners (owner is a p	erson with a freehold
interest or leasehold interest with	at least 7 years lef	ft to run) of the land or build	ding, or of a part of it , but I have	e/ 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 publi	shed in the follov	ving newspaper	On the following date (which	must not be earlier
(circulating in the area where the land is	situated):		than 21 days before the date	of the application):
Cinnad Aprilleral		On almost A. I.		D-1- /DD /8 88 8 / 0000
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):

25. Ownership Certificates (cont	inued)						
Town and Country Planning (Dev			ERSHIP - CERTIF		nder Article 12 8	&	
Regulation 6 of th I certify/ The applicant certifies that:	e Planning (List	ed Buildir	ngs and Conserv	ation Areas) Regulations 199	00	-	
 Certificate A cannot be issued for All reasonable steps have been to 	r this application	ho namos	and addresses of	Foveryone also who on the day	, 21 days hoforo t	h o	
date of this application, was the	owner <i>(owner is a</i>	person wi	th a freehold inter	est or leasehold interest with at l	least 7 years left to	run)	
of any part of the land to which t The steps taken were:	nis application re	eiates, but	i nave/ the applic	cant has been unable to do so.			
Notice of the application has been publis (circulating in the area where the land is	shed in the follow situated):	ving newsp	paper	On the following date (which than 21 days before the date	must not be earl	lier n):	
(* * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·						
Signed - Applicant:		Or signed	- Agent		Date (DD/MM/Y	·////	
orgined Applied II.		or signed	rigoni.		Dute (BB/WW// I	,	
26. Agricultural Land Declaration	on .						
•	AGRICUL		AND DECLARATI				
Town and Country Planning (Dev Agricul	e lopment Mana tural Land Declar	gement P ation - You	rocedure) (Engl a u Must Complete	and) Order 2010 Certificate u Either A or B	nder Article 12		
(A) None of the land to which the applica	ation relates is, or	is part of,	an agricultural h	olding.			
Signed - Applicant:		•	d - Agent:		Date (DD/MM/	YYYY):	
(B) I have/ The applicant has given the re	guisite notice to	every pers	on other than my	yself/ the applicant who, on the	e day 21 days		
before the date of this application, was a as listed below:	tenant of an agri	cultural ho	olding on all or pa	art of the land to which this ap	plication relates,		
Name of Tenant			Address		Date Notice Se	rved	
Signed - Applicant:		Or signed	d - Agent:		Date (DD/MM/	YYYY):	
Olgrida 7.ppmodriti		or signor	, rigoriti				
27. Planning Application Requir	ements - Che	cklist					
Please read the following checklist to makinformation required will result in your ap	ke sure you have	sent all the	e information in s	support of your proposal. Failu	re to submit all	d by	
the Local Planning Authority has been sul The original and 3 copies of a completed	bmitted.				a		
application form:	and udleu		The correct				
The original and 3 copies of the plan which the land to which the application relates of	ch identifies		The original if required (s	and 3 copies of a design and a see help text and guidance not	ccess statement, es for details):		
the land to which the application relates of identified scale and showing the direction	n of North:		The original	and 3 copies of the completed	I. dated] [
The original and 3 copies of other plans a	nd drawings or		Ownership (Certificate (A, B, C, or D - as app	olicable):		
information necessary to describe the subject of the application:				The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):			

28. Declaration		
I/we hereby apply for planning permission/cons information. I/we confirm that, to the best of my genuine opinions of the person(s) giving them.	ent as described in the our knowledge, any	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		(date cannot be pre-application
29. Applicant Contact Details		30. Agent Contact Details
Telephone numbers		Telephone numbers
Country code: National number:	Extension number:	Country code: National number: Extension number:
Country code: Mobile number (optional):		Country code: Mobile number (optional):
Country code: Fax number (optional):		Country code: Fax number (optional):
Email address (optional):		Email address (optional):
31. Site Visit		
Can the site be seen from a public road, public fo	ootpath, bridleway or	other public land? Yes No
If the planning authority needs to make an appoout a site visit, whom should they contact? (Please	intment to carry se select only one)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:		Talanhamananahan
Contact name:		Telephone number:

Email address: