

1. Applicant Name and Address

MKS

WILCOX

House

number:

Title:

Last name:

Company

(optional):

Unit:

## NW 1093029 / F H

Planning Services
PO Box 230
Blueschool House
Blueschool Street
Hereford
HR1 2ZB

Householder Application for Planning Permission for works or extension to a dwelling.

Town and Country Planning Act 1990

Publication of applications on planning authority websites

First name:

<u>SUSAN</u>

House

suffix:

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.

Title:

Last name:

Company

(optional):

Unit:

2. Agent Name and Address

First name:

House

number:

House

suffix:

House name:	WOOD PECKER FARM	House name:
Address 1:	COBNASH	Address 1:
Address 2:	KINGSLAND	Address 2:
Address 3:		Address 3:
Town:	LEOMINSTER	Town:
County:	HEREFORDSHIRE	County: APPLICATION VALID
Country:	U.K.	Country: - ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ?
Postcode:	HR6 9QZ	Postcode: PLANNING SERVICES
	iption of Proposed Works	
REPL	ACEMENT OF UTILITY ENSION. FIRST FLOOR ERTY. REPLACEMENT	extension to rear of

	ption of Proposed Works (continued) k already started?	NW/093029/FH			
	state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)			
	k already been completed? Yes No				
If Yes, please	state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)			
4. Site Address Details		5. Pedestrian and Vehicle Access, Roads and Rights of Way			
Please provi	de the full postal address of the application site.	Is a new or altered vehicle access proposed to or from the public highway? Yes No			
Unit:	House House number: suffix:	Is a new or altered pedestrian access			
House name:	WOODPECKER FARM	proposed to or from the public highway? Yes No  Do the proposals require any diversions,			
Address 1:	COBNASH	extinguishments and/or creation of public rights of way?			
Address 2:	KINGSLAND	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/			
Address 3:		drawing(s):			
Town:	LEOMINSTER				
County:	HEREFORDSHIRE				
Postcode (optional):	HRb 9QZ				
6. Pre-ap	plication Advice	7. Trees and Hedges			
•	ce or prior advice been sought from the local out this application?	Are there any trees or hedges on your own			
		property or on adjoining properties which are within falling distance of your boundary? Yes No			
,	e complete the following information about the advice ven. (This will help the authority to deal with this	If Yes, please mark their position on a scaled plan and state the elegential plan ber of any plans or drawings:			
	more efficiently). The full contact details are not	APPLICATION VALID			
known, and	then complete as much possible:	-2.05G 2009			
Officer nam	PHILIP MULLINEUX	The page (1999)			
Reference:		A TANNING CONTROLS			
		Will any trees or hedges need to be removed or pruned in			
L	Date (DD MM YYYY):	order to carry out your proposal?			
•	e-application submission)  B-10-09  ne pre-application advice received:	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(s)/			
	EN OF PROPOSED PLANS.	drawing(s) and indicate the scale.			
ALL A	SPECTS ACCEPTABLE SUBJECT E S.W. VERANDA FINISHING				
SHORT	T OF THE CORNER AND THE				
ROOM	ROOM + JOHNSTAIRS CLOAK WINDOWS TO BE IN				
OPAQL	JE GLASS.				
8. Parkin		9. Authority Employee / Member With respect to the Authority, I am:			
existing car	posed works affect parking arrangements? Yes 🗹 No	(a) a member of staff Do any of these			
If Yes, please describe:		(c) related to a member of staff			
		(d) related to an elected member			
		If yes please provide details of the name, relationship and role			

0. Materials					
f applicable, please stat	e what materials are to be used externally. Include	type, colour and name for each material:	<del></del> 1	<del></del>	
	Existing (where applicable)	Proposed 1 0 9 3 0 2 9 1 F	Not applicable	Don't Know	
Walls	SWEND: STONE EXISTING HOUSE: COMMON BRICK AND MASONARY PAINT REAR EXTENSION: AS ABOVE SIDE BRENSION: AS ABOVE	PAINT. TIMBER CLADDING			
Roof	NATURAL SLATE	ROOF TO BE SPRECKETED NATURAL SLATE TO BE RETAINED ON EXISTING AND USED ON EXTENSIONS. RIDGE TILES TO BE GREY			
Windows	UPVC - WHITE	UPVC - WHITE EXCEPT IN PORCH AREA WHERE OAK FRAMING TO BE UBED.			
Doors	FRONT: ALUMINIUM X I FRONT: WOOD X I FRONT: UPVC - WHITE BACK J XI EACH	FRONT: WOOD * 1 BACK: UPVC - WHITE * 1	·		
Boundary treatments (e.g. fences, walls)	WOOD FENCES	NO CHANGE			
Vehicle access and hard-standing	TARMAC + GRAVEL	TARMAC, GRAVEL AND NATURAL STONE GLABB.			
Lighting	S. E.O.	APPLICATION VALID  2. DEC 2009			
Others (please specify)		ANING SERVICES			
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?  Yes No  If Yes, please state references for the plan(s)/drawing(s)/design and access statement:					
JESIGN + ACCESS STATEMENT : APPENDIX A .					

1. Ownership Certificates		with this annlication form
One Certificate A, B, C, or D, must be o	completed, together with the Agricultural Holdings Certificate CERTIFICATE OF OWNERSHIP - CERTIFICATE A	with this application form
Town and Country Plann	ing (General Development Procedure) Order 1995 Certificate (	under Article 7
certify/The applicant certifies that on the waer (owner is a person with a freehold int	day 21 days before the date of this application nobody except my erest or leasehold interest with at least 7 years left to run) of any part	of the land or building to
hich the application relates.		
igned - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		911112009
certify/ The applicant certifies that I have 1 days before the date of this application	CERTIFICATE OF OWNERSHIP - CERTIFICATE B ing (General Development Procedure) Order 1995 Certificate of each the applicant has given the requisite notice to everyone else (as a was the owner (owner is a person with a freehold interest or leasehold)	i listed below) who, on the day
ft to run) of any part of the land or buildir	ng to which this application relates.	Date Notice Served
Name of Owner	Address	Date Notice Served
	NW/09302	9/17
· · · · · · · · · · · · · · · · · · ·	NWIOSS	
	<del></del>	······································
	······································	
· · · · · · · · · · · · · · · · · · ·		
igned - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
igned - Applicant:	Or signed rigent.	
		[ ]
Neither Certificate A or B can be interest or leasehold interest with a been unable to do so.  The steps taken were:	ssued for this application when to find out the names and addresses of the other owners (own the last 7 years left to run) of the land or building, or of a part of it, but least 7 years left to run) of the land or building, or of a part of it, but least 7 years left to run) of the land or building, or of a part of it, but least 7 years left to run) of the land or building, or of a part of it, but least 7 years left to run.	ner is a person with a freehold out I have/ the applicant has
Name of Owner	Address	Date Notice Served
	CORDSHIRE	
······································	APPLICATION VALID	
	11 Sei	
	((2° ( - 2 DEC 2009_	) [ ]
	PLANTINGES	
	PLANNING SERVICES	
		. (, , , , , , , , , , , , , , , , , , ,
Notice of the application has been public (circulating in the area where the land is		e (which must not be earlier he date of the application):
(circulating in the area where the land is	31(da(cd).	The state of the second of the
		· · · · · · · · · · · · · · · · · · ·
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)
<u> </u>		

11. Ownership Certificates (conti	nued)	
•	CERTIFICATE OF OWNERSHIP - CERTIFICATE I	
Town and Country Planni Lertify/ The applicant certifies that:	ng (General Development Procedure) Order 19	95 Certificate under Article /
<ul> <li>Certificate A cannot be issued for t</li> </ul>	his application	Language Defore the
ΔII roscopshio stope have been tal	cen to find out the names and addresses of everyor wner (owner is a person with a freehold interest or lea	ne else who, on the day 21 days before the asehold interest with at least 7 years left to run)
of any part of the land to which th	is application relates, but I have/ the applicant has	been unable to do so.
The steps taken were:		
		930291FH
		33023 " " "
Notice of the application has been publish		following date (which must not be earlier 1 days before the date of the application):
(circulating in the area where the land is si	tuated):	T days before the date of the application,
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
<u></u>		
12. Agricultural Holdings		
12. Agricultular Holdings	AGRICULTURAL HOLDINGS CERTIFICATE	
Town and Country Planni	ng (General Development Procedure)Order 199	5 Certificate under Article 7
Agricult	ural Land Declaration - You Must Complete Either A	A or B
(A) None of the land to which the applicat	tion relates is, or is part of, an agricultural holding.	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		911112009
(B) I have/ The applicant has given the rec	uisite notice to every person other than myself/th	e applicant who, on the day 21 days
before the date of this application, was a 1	tenant of an agricultural holding on all or part of th	e land to which this application relates,
as listed below:		Date Notice Served
Name of Tenant	Address	Date Worker Server
<u> </u>		į.
	<u>.                                    </u>	
		3HINE
	APPLIC	3HINE CONTRACTOR OF THE PARTY O
	11.820	BHIRE
	11.820	
	11.820	BHIRE CONTRACTOR OF THE STATE O
	(2)	EC 11100
	(2)	G SERVICES
Signed - Applicant:	(2)	G SERVICES
Signed - Applicant:	PLANNIN	G SERVICES
Signed - Applicant:	PLANNIN	G SERVICES
	Or signed - Agent:	G SERVICES
13. Planning Application Requir	Or signed - Agent:  ements - Checklist	G SERVICES  Date (DD/MM/YYYY):
13. Planning Application Requir	Or signed - Agent:  ements - Checklist  or sure you have cent all the information in support	Date (DD/MM/YYYY):
13. Planning Application Require Please read the following checklist to making formation required will result in your applications.	Or signed - Agent:  ements - Checklist  se sure you have sent all the information in support plication being deemed invalid. It will not be consomitted.	Date (DD/MM/YYYY):  t of your proposal. Failure to submit all idered valid until all information required by
13. Planning Application Requirements Please read the following checklist to make information required will result in your apthe Local Planning Authority has been subthe original, and 3 copies of a	Or signed - Agent:  ements - Checklist  se sure you have sent all the information in support plication being deemed invalid. It will not be consomitted.  The original and 3 copies of a	Date (DD/MM/YYYY):
13. Planning Application Requirements Please read the following checklist to make information required will result in your apthe Local Planning Authority has been sult the original and 3 copies of a completed and dated application form:	Or signed - Agent:  ements - Checklist  se sure you have sent all the information in support plication being deemed invalid. It will not be consomitted.  The original and 3 copies of a design and access statement where proposed works fall within one of	Date (DD/MM/YYYY):  t of your proposal. Failure to submit all idered valid until all information required by  The correct fee:
13. Planning Application Requirements Please read the following checklist to make information required will result in your apthe Local Planning Authority has been subthe original and 3 copies of a completed and dated application form: The original and 3 copies of a plan which	Or signed - Agent:  ements - Checklist  se sure you have sent all the information in support plication being deemed invalid. It will not be consomitted.  The original and 3 copies of a design and access statement where proposed works fall within one of the following designated areas:	Date (DD/MM/YYYY):  of your proposal. Failure to submit all idered valid until all information required by  The correct fee:
Please read the following checklist to makinformation required will result in your apthe Local Planning Authority has been sult The original and 3 copies of a completed and dated application form:  The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale	Or signed - Agent:  ements - Checklist  se sure you have sent all the information in support plication being deemed invalid. It will not be consomitted.  The original and 3 copies of a design and access statement where proposed works fall within one of the following designated areas:  • National Park	Date (DD/MM/YYYY):  of your proposal. Failure to submit all idered valid until all information required by  The correct fee:
13. Planning Application Requirements Please read the following checklist to make information required will result in your apthe Local Planning Authority has been subthe original and 3 copies of a completed and dated application form: The original and 3 copies of a plan which	Or signed - Agent:  ements - Checklist  se sure you have sent all the information in support plication being deemed invalid. It will not be consomitted.  The original and 3 copies of a design and access statement where proposed works fall within one of the following designated areas:	Date (DD/MM/YYYY):  of your proposal. Failure to submit all idered valid until all information required by  The correct fee:
Please read the following checklist to makinformation required will result in your apthe Local Planning Authority has been sult The original and 3 copies of a completed and dated application form:  The original and 3 copies of a 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 other plans	Or signed - Agent:  ements - Checklist  se sure you have sent all the information in support plication being deemed invalid. It will not be consomitted.  The original and 3 copies of a design and access statement where proposed works fall within one of the following designated areas:  National Park Site of special scientific interest Conservation area Area of outstanding natural beauty	Date (DD/MM/YYYY):  of your proposal. Failure to submit all idered valid until all information required by  The correct fee:  The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable):  The original and 3 copies of the
13. Planning Application Requirements Please read the following checklist to make information required will result in your apolication required will result in your apolication and 3 copies of a completed and dated application form: The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:	Or signed - Agent:  ements - Checklist  se sure you have sent all the information in support plication being deemed invalid. It will not be consomitted.  The original and 3 copies of a design and access statement where proposed works fall within one of the following designated areas:  National Park Site of special scientific interest Conservation area Area of outstanding natural beauty	Date (DD/MM/YYYY):  of your proposal. Failure to submit all idered valid until all information required by  The correct fee:  The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable):

I/we hereby apply for planning permission information. Signed - Applicant:	Or signed - Agent:			ate (DD/MM/YYYY):	
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			1111120091	(date cannot be pre-application
15. Applicant Contact Details		16. Agent Cor	ntact Detai	ls	
Telephone numbers		Telephone numb	ers		
Country code: National number:	Extension number:	Country code:	National num	ber:	Extension number:
Country code: Mobile number (optio	nal)·	Country code:	Mobile numb	er (optional):	
Coditity code. Wiobile Humber (optio	1101).				
Country code: Fax number (optional)		Country code:	Fax number (	optional):	<del></del>
				. <u> </u>	
Email address (optional):		Email address (or	otional):		
17. Site Visit			<u> </u>		· · · · · · · · · · · · · · · · · · ·
Can the site be seen from a public road,	public footpath, bridleway o	r other public land?	Yes	☐ No I	PARTLY
If the planning authority needs to make out a site visit, whom should they conta	an appointment to carry ct? (Please select only one)	Agent	Applica	nt Other (if o	lifferent from the plicant's details)
If Other has been selected, please provi	de:	<b>-</b>			
Contact name:		Telephone numb	er:	<u></u>	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·				
Email address:	· · · · · · · · · · · · · · · · · · ·				1 3 3

