

N / 1 0 2 7 6 1 / F

## Application for Planning Permission. Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://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. Applicant Name and Address

Title: MR+MRS First name: ALBERT

Last name: TAYLOR

Company (optional):

Unit:  House number:  House suffix:

House name: THE STABLES

Address 1: PITTFIELD FARM

Address 2: PEMBRIDGE

Address 3:

Town:

County: HEREFORDSHIRE

Country: U.K

Postcode: HR6 9HY

### 2. Agent Name and Address

Title:  First name:

Last name:

Company (optional):

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

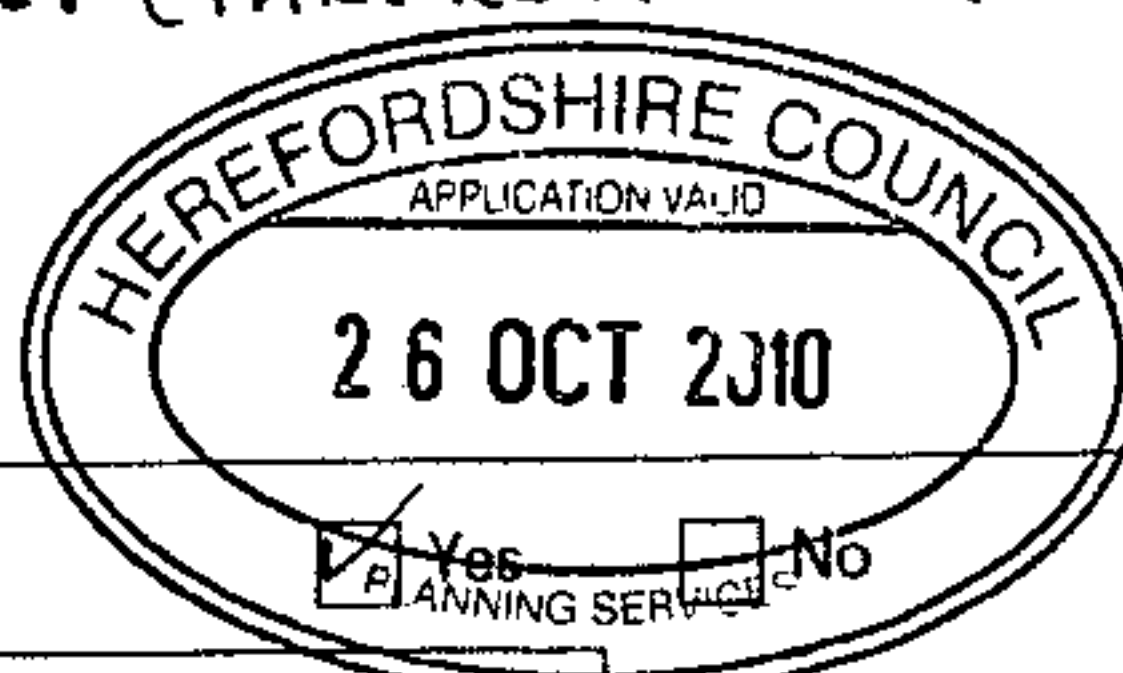
Country:

Postcode:

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

CHANGE OF USE FROM YARD WITH STABLE BLOCK TO A ONE FAMILY TRAVELLER SITE, WITH STATIONING OF ONE MOBILE HOME, TOURING CARAVAN SHEDS + ASSOCIATED DEVELOPMENT (PART RETROSPECTIVE)



Has the building, work or change of use already started?

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

MAY 2010

(date must be pre-application submission)

Has the building, work or change of use been completed?

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):

(date must be pre-application submission)

#### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix: ☒ N

House name:  THE STABLES

Address 1:  NEAR PITTFIELD FARM

Address 2:  PEMBRIDGE

Address 3:

Town:  LEOMINSTER

County:  HEREFORDSHIRE

Postcode (optional):  HR6 9HY

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

Easting:  379 Northing:  577

Description:

#### 5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☒ Yes ☐ No

/ 1 02761 / F

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 as possible: ☐

Officer name:

ANDREW BANKS

Reference:

DCNW 2007/2092/F

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

MAKE PLANNING APPLICATION

#### 6. 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

Are there any new public roads to be provided within the site? ☐ Yes ☒ No

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☒ No

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

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

#### 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☐ Yes ☒ No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste? ☒ Yes ☐ No

If Yes, please provide details:

WHEELIE BIN (COUNCIL PROVIDED)

#### 8. 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

If Yes, please provide details of the name, relationship and role

## 9. Materials

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

|   | Existing<br>(where applicable) | Proposed  | Not applicable                      | Don't Know               |
|---|--------------------------------|---|-------------------------------------|--------------------------|
|   |                                | N / 1 0 2 7 6 1 / F                             |                                     |                          |
| Walls                                       |                                |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Roof  |                                |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Windows                                     |                                |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Doors                                       |                                |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) |                                |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         |                                | GRAVEL PARKING AREA<br>CONSOLIDATED STONE DRIVE | <input type="checkbox"/>            | <input type="checkbox"/> |
| Lighting                                    |                                |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Others<br>(please specify)                  |                                |   | <input type="checkbox"/>            | <input type="checkbox"/> |

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:

LOCATION PLAN, BLOCK PLAN DTA STATEMENT

## 10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

| Type of Vehicle                                  | Total Existing | Total proposed (including spaces retained) | Difference in spaces |
|--|----------------|--|----------------------|
| Cars   | 1              | 2  | 1                    |
| Light goods vehicles/<br>public carrier vehicles | 1              | 1  |                      |
| Motorcycles                                      |                |  |                      |
| Disability spaces                                |                |  |                      |
| Cycle spaces                                     |                |  |                      |
| Other (e.g. Bus)                                 |                |  |                      |
| Other (e.g. Bus)                                 |                |  |                      |

**17. Residential Units (Including Conversion)**

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

☒ Yes☐ No

If Yes, please complete details of the changes in the tables below

**Proposed Housing** N / 1 027 61 / F **Existing Housing**

| Market Housing                              | Not known                | Number of Bedrooms |   |   |    |         | Total    |
|---|--------------------------|--------------------|---|---|----|---------|----------|
|   |                          | 1                  | 2 | 3 | 4+ | Unknown |          |
| Houses                                      | <input type="checkbox"/> |                    |   |   |    |         |          |
| Flats and maisonettes                       | <input type="checkbox"/> |                    |   |   |    |         |          |
| Live-work units                             | <input type="checkbox"/> |                    |   |   |    |         |          |
| Cluster flats                               | <input type="checkbox"/> |                    |   |   |    |         |          |
| Sheltered housing                           | <input type="checkbox"/> |                    |   |   |    |         |          |
| Bedsit/studios                              | <input type="checkbox"/> |                    |   |   |    |         |          |
| Unknown type                                | <input type="checkbox"/> |                    | ✓ |   |    |         | 2        |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         | <b>2</b> |

| Market Housing                              | Not known                | Number of Bedrooms |   |   |    |         | Total |
|---|--------------------------|--------------------|---|---|----|---------|-------|
|   |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                             | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         |       |

| Social Rented                               | Not known                | Number of Bedrooms |   |   |    |         | Total |
|---|--------------------------|--------------------|---|---|----|---------|-------|
|   |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                             | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         |       |

| Social Rented                               | Not known                | Number of Bedrooms |   |   |    |         | Total |
|---|--------------------------|--------------------|---|---|----|---------|-------|
|   |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                             | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         |       |

| Intermediate                                | Not known                | Number of Bedrooms |   |   |    |         | Total |
|---|--------------------------|--------------------|---|---|----|---------|-------|
|   |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                             | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         |       |

| Intermediate                                | Not known                | Number of Bedrooms |   |   |    |         | Total |
|---|--------------------------|--------------------|---|---|----|---------|-------|
|   |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                             | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         |       |

| Key worker                                  | Not known                | Number of Bedrooms |   |   |    |         | Total |
|---|--------------------------|--------------------|---|---|----|---------|-------|
|   |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                             | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         |       |

| Key worker                                  | Not known                | Number of Bedrooms |   |   |    |         | Total |
|---|--------------------------|--------------------|---|---|----|---------|-------|
|   |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                             | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                              | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                                | <input type="checkbox"/> |                    |   |   |    |         |       |
| <b>Totals (a + b + c + d + e + f + g) =</b> |                          |                    |   |   |    |         |       |

**Total proposed residential units (A + B + C + D) =****Total existing residential units (E + F + G + H) =****TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):****2**



**18. All Types of Development: Non-residential Floorspace**

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

☒ Yes☐ No

If you have answered Yes to the question above please add details in the following table:

| Use class/type of use | Not applicable           | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross internal floorspace proposed (including change of use)(square metres) | Net additional gross internal floorspace following development (square metres) |
|-----------------------|--------------------------|--|---|---|--|
| A1                    | <input type="checkbox"/> |  |   |   |  |
|                       | <input type="checkbox"/> |  | N / 1 0 2 7 6 1 / F   |   |  |
| A2                    | <input type="checkbox"/> |  |   |   |  |
| A3                    | <input type="checkbox"/> |  |   |   |  |
| A4                    | <input type="checkbox"/> |  |   |   |  |
| A5                    | <input type="checkbox"/> |  |   |   |  |
| B1 (a)                | <input type="checkbox"/> |  |   |   |  |
| B1 (b)                | <input type="checkbox"/> |  |   |   |  |
| B1 (c)                | <input type="checkbox"/> |  |   |   |  |
| B2                    | <input type="checkbox"/> |  |   |   |  |
| BB                    | <input type="checkbox"/> |  |   |   |  |
| C1                    | <input type="checkbox"/> |  |   |   |  |
| C2                    | <input type="checkbox"/> |  |   |   |  |
| D1                    | <input type="checkbox"/> |  |   |   |  |
| D2                    | <input type="checkbox"/> |  |   |   |  |
| OTHER                 | <input type="checkbox"/> | 6625 <sup>2</sup>                                  | —   | 75m <sup>2</sup> + 66.25  | 75m <sup>2</sup>   |
| Please Specify        | <input type="checkbox"/> |  |   |   |  |
| Total                 |                          |  |   |   |  |

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

| Use class      | Type of use              | Not applicable           | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|----------------|--------------------------|--------------------------|--|---|----------------------|
| C1             | Hotels                   | <input type="checkbox"/> |  |   |                      |
| C2             | Residential Institutions | <input type="checkbox"/> |  |   |                      |
| OTHER          |                          | <input type="checkbox"/> |  |   |                      |
| Please Specify |                          | <input type="checkbox"/> |  |   |                      |

**19. Employment**

Please complete the following information regarding employees:

N/A

|                    | Full-time | Part-time | Total full-time equivalent |
|--------------------|-----------|-----------|----------------------------|
| Existing employees |           |           |                            |
| Proposed employees |           |           |                            |

**20. Hours of Opening**

Please state the hours of opening for each non-residential use proposed:

N/A

| Use | Monday to Friday | Saturday | Sunday and Bank Holidays | Not known |
|-----|------------------|----------|--------------------------|-----------|
|     |                  |          |                          |           |
|     |                  |          |                          |           |
|     |                  |          |                          |           |

**21. Site Area**

Please state the site area in hectares (ha)

0.24

## 22. 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:

' N ' / 1 0 2 7 6 1 / F

Is the proposal a waste management development? ☐ Yes ☒ No

If the answer is Yes, please complete the following table:

|  | Not applicable           | The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
|--|--------------------------|--|---|
| Inert landfill   | <input type="checkbox"/> |  |   |
| Non-hazardous landfill   | <input type="checkbox"/> |  |   |
| Hazardous landfill   | <input type="checkbox"/> |  |   |
| Energy from waste incineration                                     | <input type="checkbox"/> |  |   |
| Other incineration   | <input type="checkbox"/> |  |   |
| Landfill gas generation plant                                      | <input type="checkbox"/> |  |   |
| Pyrolysis/gasification   | <input type="checkbox"/> |  |   |
| Metal recycling site   | <input type="checkbox"/> |  |   |
| Transfer stations  | <input type="checkbox"/> |  |   |
| Material recovery/recycling facilities (MRFs)                      | <input type="checkbox"/> |  |   |
| Household civic amenity sites                                      | <input type="checkbox"/> |  |   |
| Open windrow composting  | <input type="checkbox"/> |  |   |
| In-vessel composting   | <input type="checkbox"/> |  |   |
| Anaerobic digestion  | <input type="checkbox"/> |  |   |
| Any combined mechanical, biological and/or thermal treatment (MBT) | <input type="checkbox"/> |  |   |
| Sewage treatment works   | <input type="checkbox"/> |  |   |
| Other treatment  | <input type="checkbox"/> |  |   |
| Recycling facilities construction, demolition and excavation waste | <input type="checkbox"/> |  |   |
| Storage of waste   | <input type="checkbox"/> |  |   |
| Other waste management   | <input type="checkbox"/> |  |   |
| Other developments   | <input type="checkbox"/> |  |   |

Please provide the maximum annual operational throughput of the following waste streams:

|   |  |
|---|--|
| Municipal                               |  |
| Construction, demolition and excavation |  |
| Commercial and industrial               |  |
| Hazardous                               |  |

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☒ No ☐ Not applicable

If Yes, please provide the amount of each substance that is involved:

|                        |                      |                               |                      |                              |                      |
|------------------------|----------------------|-------------------------------|----------------------|------------------------------|----------------------|
| Acrylonitrile (tonnes) | <input type="text"/> | Ethylene oxide (tonnes)       | <input type="text"/> | Phosgene (tonnes)            | <input type="text"/> |
| Ammonia (tonnes)       | <input type="text"/> | Hydrogen cyanide (tonnes)     | <input type="text"/> | Sulphur dioxide (tonnes)     | <input type="text"/> |
| Bromine (tonnes)       | <input type="text"/> | Liquid oxygen (tonnes)        | <input type="text"/> | Flour (tonnes)               | <input type="text"/> |
| Chlorine (tonnes)      | <input type="text"/> | Liquid petroleum gas (tonnes) | <input type="text"/> | Refined white sugar (tonnes) | <input type="text"/> |

Other:

Other:

Amount (tonnes):

Amount (tonnes):

## 24. Ownership Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form  
**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

### Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

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 or building to which the application relates.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

X **A G TAYLOR**

**N / 1 0 2 7 6 1 / F**

**23/10/2010**

### CERTIFICATE OF OWNERSHIP - CERTIFICATE B

#### Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, 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 or building to which this application relates.

| Name of Owner | Address | Date Notice Served |
|---------------|---------|--------------------|
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

### CERTIFICATE OF OWNERSHIP - CERTIFICATE C

#### Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of the land or building, or of a part of it, but I have/ 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 published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):



## 24. Ownership Certificates (continued)

### CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, 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 this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

N / 1 0 2 7 6 1 / F

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 25. Agricultural Land Declaration

### AGRICULTURAL LAND DECLARATION

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

\* A. G. TAYLOR

23/10/2010

(B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

| Name of Tenant | Address | Date Notice Served |
|----------------|---------|--------------------|
|                |         |                    |
|                |         |                    |
|                |         |                    |
|                |         |                    |
|                |         |                    |

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 26. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form:



The correct fee:



The original and 3 copies of the 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 a design and access statement, if required (see help text and guidance notes for details):



The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:



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 completed, dated Article 7 Certificate (Agricultural Holdings):





### 27. Declaration

I hereby declare that the information provided in this application is true and correct to the best of my knowledge and belief.

Signed - Applicant

Signed - Agent

Date DD/MM/YYYY

*S. B. Taylor*

**N / 1 02761 / F**

*23.10.2010*

Date cannot be pre-application

### 28. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

**07974075303**

Country code:

Mobile number (optional):



Country code:

Fax number (optional):



Email address (optional):

### 29. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:




Country code:

Mobile number (optional):



Country code:

Fax number (optional):



Email address (optional):

### 30. 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)*

☐ Agent

☒ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:



Email address: