

122594

2. Agent Name and Address

County of Herefordshire District Council
Planning Services
PO Box 230
Blueschool House
Blueschool Street
Hereford
HR1 27B

N/A

First name:

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

## Publication of applications on planning authority websites

First name: ANDREW

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.

1. Applicant Name and Address

Title:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Last name:	SMART	Last name:
Company (optional):		Company (optional):
Unit:	House House number: suffix:	Unit: House House suffix:
House name:	REDLANDS	House name:
Address 1:	BLACK HOLE LANE	Address 1:
Address 2;	BARTESTREE	Address 2:
Address 3:		Address 3:
Town:	HEREFORD	Town:
County:	HEREFORDSHIRE	County:
Country:	υK	Country:
Postcode:	HRI 4BE	Postcode:
	ption of Proposed Works	
	ribe the proposed works:	) == ==
j		U TO EXISTING SUNROOM
A	ND DINING ROOM	} !
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		HEREFORDSHIRE COUNCIL PLANNING SERVICES DEVELOPMENT CONTROL
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		4177 4177 4177
		\$Date:: 2012-07-17 #5 \$Revision: 4636 \$

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	)
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 provide the full postal address of the application site.	Is a new or altered vehicle access
Unit: House House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House REDLANDS	proposed to or from the public highway? Yes No  Do the proposals require any diversions,
Address 1: BLACK HOLE LANE	extinguishments and/or creation of public rights of way?
Address 2: BARTESTREE	If Yes to any questions, please show details on your plans or
Address 3:	drawings and state the reference number(s) of the plan(s)/drawing(s):
Town: HEREFORD	
County: HEREFORDSHIRE	
Postcode (optional): HRI 4BE	
6. Pre-application Advice	7. Trees and Hedges
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:  ED THOMAS  Reference:	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development?  If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Date (DD MM YYYY):  (must be pre-application submission)  Details of the pre-application advice received:  CONFIRMATION OF APPLICATION  REQUIREMENT	Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  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)/drawing(s) and indicate the scale.
8. Parking Will the proposed works affect existing car parking arrangements?  Yes No If Yes, please describe:	9. 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  If Yes, please provide details of the name, relationship and role

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	IBSTOCK LANSDOWN GOLDEN MULTI	SAME AS EXISTING		
Roof	REDLAND MINI STONEWOLD GREY	SAME AS EXISTING		
Windows	WHITE UPVC DOUBLE GLAZED	SAME AS EXISTING.		
Doors	DOUBLE GLAZED	SAME AS EXISTING		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing				
Lighting				
Others (please specify)				
if Yes, please state refe	litional information on submitted plan(s)/drawing rences for the plan(s)/drawing(s)/design and account to the plan(s)/drawing(s)/design account to the plan(s)/design accou		· [	No

11. Ownership Certificates	completed together with the Agricultural Heldings Co	
Town and Country Planning (De I certify/The applicant certifies that on th owner (owner is a person with a freehold in which the application relates.	completed, together with the Agricultural Holdings Ce CERTIFICATE OF OWNERSHIP - CERTIFICATE A velopment Management Procedure) (England) Order 20 e day 21 days before the date of this application nobody exterest or leasehold interest with at least 7 years left to run) of	010 Certificate under Article 12 xcept myself/ the applicant was the any part of the land or building to
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
certify/ The applicant certifies that I have	·	e else (as listed below) who, on the day
WENDY ANN SMART	Address Address	Date Notice Serveu
WENDY MINN SMAKE	(WIFE ON JOINT MORTGAGE)	17/9/12
Figure 1 Applicants	Original Agents	Date (DD/MM/YYYY):
Signed - Applicant:	Or signed - Agent:	
	i l	18/09/2012
certify/The applicant certifies that:  Neither Certificate A or B can be i  All reasonable steps have been ta	elopment Management Procedure) (England) Order 20 ssued for this application iken to find out the names and addresses of the other own it least 7 years left to run) of the land or building, or of a part	ers (owner is a person with a freehold
Name of Owner	Address	Date Notice Served
Notice of the application has been publish circulating in the area where the land is s		ng date (which must not be earlier efore the date of the application):
ten d Andton	Ordinal Aports	Data (DD /MM AAAA)
igned - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

11. Ownership Certificates (cor	-	- a compositio cent		
Town and Country Planning (D		TE OF OWNERSHIP  - CERT nagement Procedure) (En		e under Article 12
certify/ The applicant certifies that:  Certificate A cannot be issued f	or this application	1		
<ul> <li>All reasonable steps have been date of this application, was the</li> </ul>	taken to find out	the names and addresses	of everyone else who, on the d	lay 21 days before the
of any part of the land to which	this application r	elates, but I have/ the app	licant has been unable to do so	).
The steps taken were:				
Notice of the application has been publ	lished in the follow	wing newspaper	On the following date (which	ch must not be earlier
(circulating in the area where the land is	s situated):		than 21 days before the dat	te of the application):
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
2. Agricultural Land Declaration	on			
	AGRICU	LTURAL LAND DECLARAT		
Town and Country Planning (De Agricu	<b>veiopment Mana</b> ultural Land Decla	agement Procedure) (Eng ration - You Must Complet	Jiand) Order 2010 Certificate te Either A or B	under Article 12
(A) None of the land to which the applic				
Signed - Applicant:		Or signed - Agent:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date (DD/MM/YYYY):
-				18/09/2012
			40-4	
(B) I have/The applicant has given the rebefore the date of this application, was as listed below:	equisite notice to a tenant of an agr	every person other than n icultural holding on all or p	nyself/ the applicant who, on to part of the land to which this a	ne day 21 days pplication relates,
Name of Tenant		Address		Date Notice Served
				[
	}			
				İ
· · · · · · · · · · · · · · · · · · ·				
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
			·	
3. Planning Application Requi	rements - Che	cklist	· · · · · · · · · · · · · · · · · · ·	
lease read the following checklist to ma formation required will result in your a	ike sure you have	sent all the information in	support of your proposal. Faile	ure to submit all
ne Local Planning Authority has been su	ibmitted.			omadon required by
he original and 3 copies of a ompleted and dated application form:	design a	inal and 3 copies of a and access statement if	The correct fee:	$\square$
he original and 3 copies of a plan which	propose	d works fall within a ation area or	The original and 3 co	pies of the
lentifies the land to which the application elates drawn to an identified scale	on World H	eritage Site, or relate to a	completed, dated Ov Certificate (A, B, C or l	vnership 📆
nd showing the direction of North:	✓ Listed Be	uilding:	Certificate (A, B, C of	D - аз аррисаціе).
ne original and 3 copies of other plans	_		The original and 3 co	
nd drawings or information necessary to escribe the subject of the application:	。 [2]		completed, dated Art (Agricultural Holding	

14. Declaration  1/we hereby apply for planning permission/consent as described in the	aic form and the accompanying plans/drawings and additional
information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):
	18 09 2012 (date cannot be pre-application)
15. Applicant Contact Details	16. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number:  O1432  Country code: Mobile number (optional):  Country code: Pax number (optional):  Email address (optional):	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):
17. 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:	

CLIBERS DE PRÉ COUNCIL PLANIME DE MICES DE VELCAMENT CONTROL	_
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