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

HR1 2ZB

X

Application for listed building consent for alterations, extension or demolition of a listed building.

Planning (Listed Buildings and Conservation Areas Act) 1990

Publication of planning applications on council websites

N,

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this 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 the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Title:

2. Agent Name and Address

Last name: LA BARRE

| First name: |

NIGK

Please complete using block capitals and black ink.

Medres First name:

60RE

1. Applicant Name and Address

Title:

Last name:

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

Company (optional):	Company (optional):
Unit: House number: House suffix:	Unit: House House suffix:
House name: THE ARBOUR	House name: FASTERS COURTS
Address 1: KINGSZAND	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
Town: LEGINNSFREC	Town: LESTINSTER
County: HERREDSTARE	County: HEREFORD SUNRE
Country:	Country:
Postcode: H126 95F	Postcode: HP6 ODE
3. Description of Proposed Work	· · · · · · · · · · · · · · · · · · ·
Please describe the proposals to alter, extend or demolish the listed I	building(s):
PROPOSED INTERNATION ACCOUNTS	HEREFORDSHIRE COUNCIL PLANNING SERVICES DEVELOPMENT CONTROL 20 JUN 2011 To: Ack'd: Ack'd: Ack'd: To: To: To: To: To: To: To: To: To: To
	\$Date: 2007/08/22 15:20:06 \$ \$Revision: 1.23 \$

3. Description of Proposed Work (continu	ed)	4. Site Address Details
j. ,		. ;	Please provide the full postal address of the application site.
Has the work already	☐ Yes	[v] No	Unit: House House suffix:
started without consent?	☐ 1 <i>e</i> 3	L V NO	House THE ARBOUR
If Yes, please state when the work was started (DD/MM/YYYY):			Address 1: K-1 NGS-1-D
<u></u>			Address 2:
			<u></u>
			Address 3:
(date must be pre-application submission)			Town: LEOTINGSTERC
Has the work been	☐ Yes	[]No	County: HEREFORDSAIRE
completed without consent?	☐ 1 <i>e</i> 3	[32] 140	Postcode He695F
If Yes, please state the date when the			Description of location or a grid reference. (must be completed if postcode is not known):
work was completed (DD/MM/YYYY):			Easting: Northing:
			Description:
(date must be pre-application submission)			
'aare mast be bre abbitention and illasion			
5. Related Proposals Are there any current applications, previous			6. Pre-application Advice
proposals or demolitions for the site?	Yes	1 No	Has assistance or prior advice been sought from the local authority about this application?
If Yes please describe and include the plant	ning appli	cation	If Yes, please complete the following information about the advice
reference number(s), if known:		Reference	you were given. (This will help the authority to deal with this
Description		number	application more efficiently). Please tick if the full contact details are not
			known, and then complete as much as possible:
			Officer name:
			R.WALKER C. BRACE
			Reference:
			SIVIE MEETING
			must be pre-application submission) Date (DD/MM/YYYY): [0/06/20.(
 · · · · · · · · · · · · · · · ·			Details of pre-application advice received?
			SUBTRA APPLICATION
75 Neighbour and Community Con	उपीक्तिशिव		8. Council Employee/Member
Have you consulted your neighbours or			Is the applicant or agent related to
the local community about the proposal?	Yes	I No	any member of staff or elected INCIL member of the council ERVICES The council ERVICES Yes
If Yes, please provide details:			If Yes, please provide details:
			Aggidi errenananan Elle

Digasa provida a dag				
Please provide a des	cription of existing and proposed materials and	finishes to be used in the building (demolition ex		
	Existing (where applicable)	Proposed	Not applicable	Don Kno
External walls				
Roof covering				
Chimney			3	
Windows				
External doors				
Ceilings				
Internal walls	TIMBERZ FRANZE & NEW STOD PARTITION	TIMBER FRANZ & NEW STUD PARTITION		
Floors	-		₩.	
nternal doors		TIMBER TO YCHTEN		
Rainwater goods				
Boundary treatments e.g. fences, walls)				
ehicle access and ard standing				
ighting		HEREFORDSHIRE COUNCIL PLANNING SERVICES DEVELOPMENT CONTROL 2.0 JUN 2011	U	
thers add description)		Aokigi areasarerasa Fig.		

Tu. Demolition 變 · · · · · · · · · · · · · · · · · ·	11. Listed Building Alterations
Dogs the proposal include the partial or total demolition of a listed building?	Do the proposed works include alterations
If Yes, which of the following does the proposal involve?	If Yes, do the proposed works include:
a) Total demolition of the listed building: Yes No	(you must answer each of the questions)
b) Demolition of a building within the curtilage of the listed building:	a) Works to the interior of the building?
c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building? Yes
If the answer to c) is Yes:	c) Works to any structure or object fixed
i) What is the total volume of the listed building?(cubic metres)	to the property (or buildings within its curtilage internally or externally? Yes No
ii) What is the volume of the part to be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission) Please provide a brief description of the building or part of the building you are proposing to demolish:	If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	HERITAGE STATEMENT & ANG NOS 9 4 10
12. Listed Building Grading	13. Immunity From Listing
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)	Has a Certificate of Immunity from Listing been sought in respect of this building?
Grade I Ecclesiastical Grade II	Yes Yes Don't know
Grade !! Ecclesiastical Grade !!*	If Yes, please provide the result of the application:
Grade II* Don't know	HEREFORDSHIRE COUNCIL PLANNING SERVICES ZO JUAN SER
Ecclesiastical Grade I	ZO JUN 2011 Ack'd: File:

\$Date: 2007/08/22 15:20:06 \$ \$Revision: 1.23 \$

14. Certificates	· · · · · · · · · · · · · · · · · · ·	
\ One C	Certificate A, B, C, or D, must be completed with this application t	form
Certificate under Regulation 6 of t	CERTIFICATE OF OWNERSHIP - CERTIFICATE A he Planning (Listed Buildings and Conservation Areas) Regulation	one 1000
I certify/ine applicant certifies that	on the day 21 days before the date of this application pobody ex-	cept myself/ the applicant was tl
which the application relates.	shold interest or leasehold interest with at least Z years left to run) of	any part of the land or building
Signed - Applicant:	Or signed - Agent:	Date DD/MM/YYYY):
	m/- I/	17/06/2011
21 days before the date of this applicant	CERTIFICATE OF OWNERSHIP - CERTIFICATE B Ilation 6 of the Planning (Listed Buildings and Conservation Area I have/the applicant has given the requisite notice to everyone else cation, was the owner (owner is a person with a freehold interest or lead ouilding to which this application relates.	e (as listed below) who, on the da
Name of Owner	Address	Date Notice Served
		•
		·
Signed - Applicant:	Or signed - Agent:	Date DD/MM/YYYY):
	-	
	j [
i certify/ The applicant certifies that: Solution 6 of the investment of the invest	7 of the Town and Country Planning (General Development Proof the Planning (Listed Buildings and Conservation Areas) Regulation issued for this application aken to find out the names and addresses of the other owners (owners teast 7 years left to run) of the land or building, or of a part of it, but	ations 1990
The steps taken were:		
	<u></u>	
Name of Owner	Address	Date Notice Served
		
	HEREFOR	
	PLANNING SERVICES 2 0 11 151	
		i
Notice of the application has been pu (circulating in the area where the land	ublished in the following newspaperk'd: """"" Oh the following days before	te (which must not be earlier the date of the application):
Signed - Applicant:	Ou at any and	5 - 65 444 65 65 6
Signed - Applicant.	Or signed - Agent:	Date DD/MM/YYYY):

Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990	. Certificate under			Sec. 313		· 电二键 化自己 医髓膜炎
Stigned - Application has been published in the following newspaper (circulating in the application) has been published in the following newspaper (circulating in the application has been published in the following newspaper (circulating in the area where the land is situated): 15. Planning Application Requirements - Checklist Please read the following checklist to make sure you have ent all the information in support of your proposal. Failure to submit all information required by the Local Planning Authority has been submitted. 3 copies of a completed and dated application form: 3 copies of a completed and dated application form: 3 copies of a completed and dated application form: 3 copies of a completed and dated application form: 3 copies of a completed and dated application form: 3 copies of a completed and dated application form: 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: 15. Planning Authority has been submitted. 3 copies of a completed and dated application form: 4 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: 16. Declaration 17. Applicant Contact Details Telephone numbers Country code: Mobile number (optional): Country code: Mobile number (optional): Country code: Fax number (optional):	I Certify/ The app	r Regulation 6 of the Plann	CERTIFICATE OF OL	MEDCLID CERTIF	CATED	
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Signed - Applicant:		- _		•		
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