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APPLICATION FOR PLANNING PERMISSIONPLEASE READ ACCOMPANYING NOTES FIRST, THEN COMPLETE THE FORM
USING BLOCK CAPITALSHEREFORDSHIRE
COUNCIL

1

Name and address of applicant

Full name HON MING CHANAddress I BROAD STREETROSS-ON-WYEHEADSPostcode HR97DZ

Tel. No.

2

Name and address of agent (if applicable)

Full name IAN MURRAY ASSOCIATESAddress THE GRANARYWORMINGTON FARM BARNNR BROADWAYWORCS Postcode WR12 7NLTel No. 01386 584997

Contact name

3

Full postal address of the application site/building

Address LAND & BUILDINGSAT I BROAD STREET &43 NEW STREETROSS-ON-WYEHEADS Postcode HR9 7DZ

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Description of proposed development

EIGHT DWELLING UNITS

5

Area of application site

740m² hectares

6

Type of application (please tick **one** large and **any** applicable smaller boxes)**A. Change of use only**• external building works/alterations will be necessary ☐• no external works/alterations are proposed ☐**B. Building works, external alterations etc.**• external alterations to building/structure ☒• extension of building/structure ☒• erection of detached building/structure ☒• external plant or machinery ☐• engineering/earth moving operation ☐No change of use is involved ☐The proposal includes a change of use ☒**C. Outline application**

Please tick those matters which you wish to have 'reserved' for future consideration:

External appearance ☐Siting ☐Means of access ☐Design ☐**D. Reserved matters**Application number of outline permission: 14 NOV 2006

Please tick those matters which you wish to have considered with this application:

External appearance ☐Siting ☐Means of access ☐Design ☐Landscaping ☐**E. Removal/variation of a condition****F. Application relating to unauthorised development already carried out****G. Renewal of permission, ref. no.**

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Current uses

Please select **main** current use from the list in the notes and write relevant number here (eg 1.1 etc):

12.2

If vacant state the last use(s) of the site/building and date when site became vacant:

STORAGE

APPROX 11 YEARS AGO

Are you aware of any pollution or contamination of the site? (e.g. land filling/fuel or chemical storage)

Please give details:

NONE

If residential, state current number of dwellings (including self-contained or separate flats)

NONE

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Proposed non-residential uses

How much additional floorspace is proposed? Please include both new development and change of use and divide floorspace between the following uses:

Industrial floorspace	sq. m.
Warehouse floorspace	sq. m.
Office floorspace	sq. m.
Retail floorspace	sq. m.
Agricultural floorspace	sq. m.
Other (please specify)	sq. m.

9

Parking spaces

	Existing	Proposed
Number of car spaces	0	0
Number of lorry spaces	0	0

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Access

Will there be a new access to a public road or alteration to any existing access to a public road? (please tick **one** box)

Yes ☐ No ☒

Name of road

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Public Right of Way

Does a Public Right of Way cross the application site? (please tick **one** box in each case)

Yes ☐ No ☒

If yes, will your proposal affect or alter it?

Yes ☐ No ☐

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Waste

A. What waste materials will be generated during the construction/development of the proposal? (please tick as appropriate)

Soil/clay ☒

Gravel/rock ☐

Demolition materials ☒

Other (please specify)

Will any of these be disposed of:

On the application site: Yes ☐ No ☐

On other land in your control: Yes ☐ No ☐

By contractor: Yes ☒ No ☐

Other (please specify)

DO NOT ANSWER QUESTION 12B IF THE APPLICATION IS FOR HOUSING

B. What waste materials will be generated during the course of operating/occupying/ using the site if permission is granted? (please tick as appropriate)

Commercial ☐

Manufacturing (including food) ☐

Metals ☐

Chemicals ☐

Packaging/paper ☐

Plastics/rubber ☐

Other (please specify)

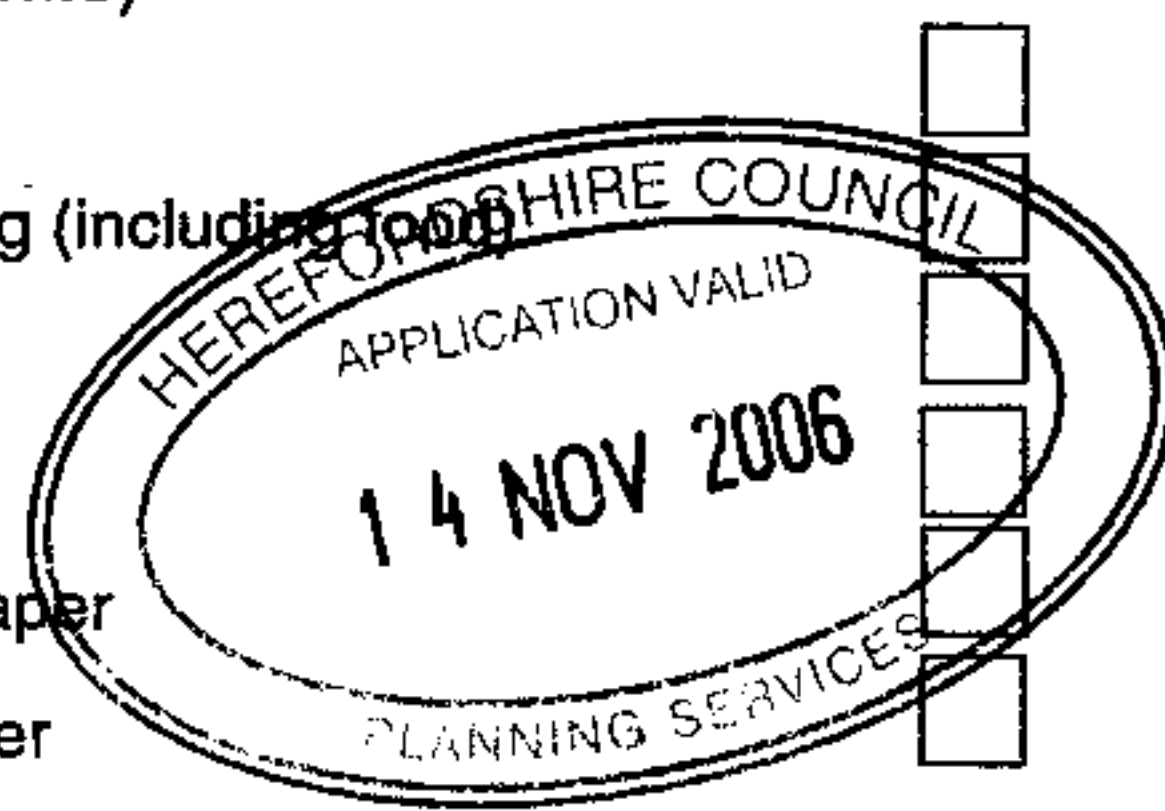
Will any of these be disposed of:

On the application site: Yes ☐ No ☐

On other land in your control: Yes ☐ No ☐

By contractor: Yes ☐ No ☐

Other (please specify)



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Drainage (please complete part A and tick **one** box in part B)

A. Please state how storm water will be disposed

SOAKAWAY SYSTEM

B. Foul water will be disposed to:

Mains sewer	<input checked="" type="checkbox"/>	Existing cesspit	<input type="checkbox"/>
Existing septic tank	<input type="checkbox"/>	Proposed cesspit	<input type="checkbox"/>
Proposed septic tank	<input type="checkbox"/>	Other	<input type="checkbox"/>

If non-mains sewerage is proposed, further information is needed. Please enter details on the attached form

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Water supply (please tick **one** box)

- A. Water supply is not required to this development ☐
- B. There will be mains water supply to the development ☒
- C. There will be a private water supply and I have the permission of the owner of that supply ☐

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Materials (please specify)

Walls TO BE AGREED

Roof WITH

Other L.P.A.

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Trees (please tick **one** box)

Does the proposal involve the felling or pruning of one or more trees?

Yes ☐ No ☒

Questions 17-21 only relate to applications which involve **residential** development, if not applicable please tick box below and answer **Question 22**

Questions 17-21 not applicable ☐

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Housing numbers

Number of dwellings proposed	<input type="text" value="8"/>
How many existing dwellings will be lost through demolition?	<input type="text" value="0"/>
How many existing dwellings will be lost through conversion?	<input type="text" value="0"/>

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Size of proposed dwellings

No. of 1 bedroomed dwellings	<input type="text" value="4"/>
No. of 2 bedroomed dwellings	<input type="text" value="3"/>
No. of 3 bedroomed dwellings	<input type="text" value="1"/>
No. of dwellings with 4 or more bedrooms	<input type="text" value="0"/>

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Type of dwellings proposed

No. of flats	<input type="text" value="7"/>
No. of bedsits	<input type="text" value="0"/>
No. of houses	<input type="text" value="1"/>
No. of bungalows	<input type="text" value="0"/>

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Density of development

Where the proposal involves the development of more than 50 houses please indicate the area of the site which will be developed for housing and directly associated uses (see notes for guidance).

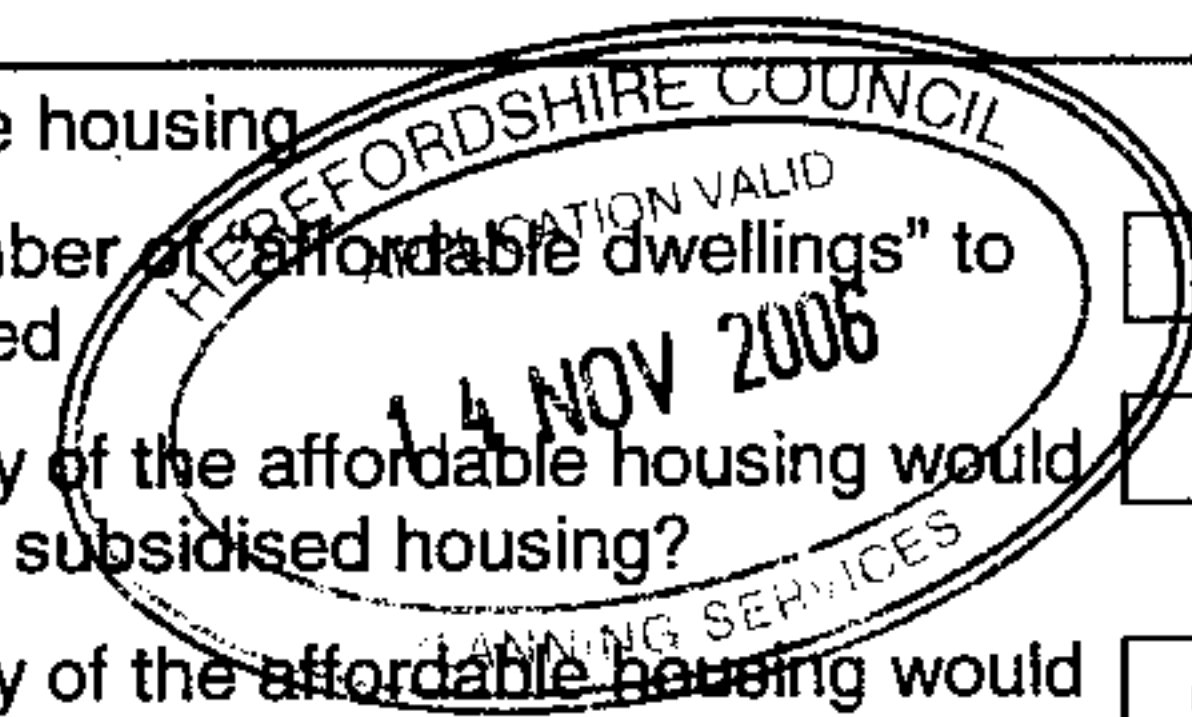
..... hectares

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Affordable housing

Total number of "affordable dwellings" to be provided	<input type="text" value="0"/>
How many of the affordable housing would constitute subsidised housing?	<input type="text" value="0"/>
How many of the affordable housing would constitute low-cost market housing?	<input type="text" value="0"/>

(See notes for definition of what constitutes "affordable" housing)



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EVERYONE PLEASE ANSWER THIS QUESTION

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Propriety (please tick **one** box)

Does the application involve the property of:

- a member of Herefordshire Council ☐
- an officer of the Council who holds a politically restricted post ☐
- not applicable ☒

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Free applications

If you think no fee is payable for this application, please tell us why, referring to the fees sheet first for guidance.

PREVIOUS Application
refused in last
12 months.

PLEASE REMEMBER TO SIGN AND DATE THE FORM

Signed

(Applicant/Agent)

Date

[Signature]
8th NOV 2006

SUMMARY AND CHECK LIST

Please tick off each item you are submitting, as they apply to your proposal – you may not need to use them all. Enclosed with this form are the following documents:



Your Certificate of Ownership, signed and dated



Cheque/PO No..... made out to Herefordshire Council in the sum of £.....



6 copies of a site location plan to scale 1:1250 or 1:2500

Drawing No(s):

O.S. plan



6 copies of a block or layout plan to scale 1:500

Drawing No(s):

0459 100 PDC

&

101 PDC



6 copies of scaled floor plans and elevations/sections for the existing building or land form

Drawing No(s):

744 & 744.12



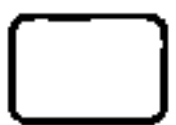
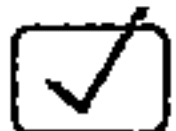
6 copies of scaled floor plans and elevations/sections for the proposed building or land form

Drawing No(s):

0459 100 PDC & 101 PDC



Non-mains sewerage information sheet

A set of photographs

Other supporting items, documents or letter/s

If you have had preliminary discussions about this proposal, please tell us with which Officer:

DUNCAN THOMAS

Please telephone the Registration Section at the Planning Office if you need any advice about plans, fees or forms, on 01432 261785 for Leominster, or 01432 260458 for Hereford.