

SW/093212/L

Application for listed building consent for alterations, extension or demolition of a listed building.
Planning (Listed Buildings and Conservation Areas) Act 1990

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 First name: SEBASTIAN

Last name: SCHLOSSER

Company (optional):

Unit:

House number:

House suffix:

House name: CWM CARVAN COURT

Address 1:

Address 2:

Address 3:

Town: MANMOUTH

County: MANMOUTHSHIRE

Country: UK

Postcode: NP25 4JJ

2. Agent Name and Address

Title: MR First name: KIM

Last name: COOPER

Company (optional): HEAD PARTNERSHIP

Unit:

House number:

House suffix:

House name: GARNETS ORCHARD

Address 1: PORSCHE LANE

Address 2:

Address 3:

Town: GROSVANT

County: MANMOUTHSHIRE

Country: UK

Postcode: NP7 8LP

3. Description of Proposed Work

Please describe the proposals to alter, extend or demolish the listed building(s):

REPAIRS TO STONEWORK AND TIMBER FRAME,
STRUCTURAL REPAIRS AS DEFINED BY
ALLAN PEARCE, STRUCTURAL ENGINEER

HEREFORDSHIRE COUNCIL
PLANNING SERVICES
DEVELOPMENT CONTROL

16 DEC 2009

To

Ack'd

File

3. Description of Proposed Work (continued)

Has the work already started without consent?

☐ Yes ☒ No

If Yes, please state when the work was started (DD/MM/YYYY):

(date must be pre-application submission)

Has the work been completed without consent?

☐ Yes ☒ No

If Yes, please state the date when the work 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:

House name: QUARRELLY FARM

Address 1: NEWTON ST. MARGARETS

Address 2:

Address 3:

Town:

County: HEREFORDSHIRE

Postcode (optional): HR2 0QT

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

Easting: Northing:

Description:

5. Related Proposals

Are there any current applications, previous proposals or demolitions for the site?

☐ Yes ☒ No

If Yes please describe and include the planning application reference number(s), if known:

Description	Reference number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. Pre-application Advice

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 as possible: ☐

Officer name: ANDREW PRICE / MARTINA GILBERT

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

INFORMAL DISCUSSIONS
MEETINGS ON SITE

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal?

☐ Yes ☒ No

If Yes, please provide details:

8. Authority Employee / Member

With respect to the Authority, I am:

Do any of these statements apply to you?

- (a) a member of staff ☒ Yes
(b) an elected member ☒ Yes
(c) related to a member of staff ☒ Yes
(d) related to an elected member ☒ Yes

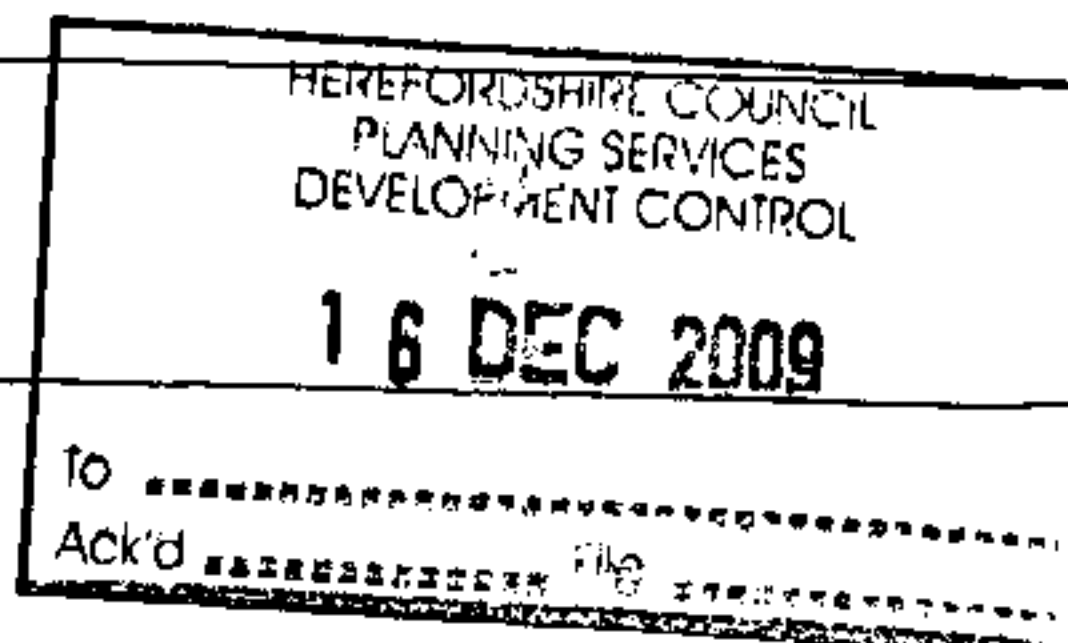
If yes please provide details of the name, relationship and role

Ack'd File

9. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls	LOCAL STONE	LOCAL STONE	<input type="checkbox"/>	<input type="checkbox"/>
Roof covering	CONCRETE TILES CORRUGATED STEEL METAL	SLATES + AS EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Chimney	STONE	STONE	<input type="checkbox"/>	<input type="checkbox"/>
Windows	TIMBER	TIMBER	<input type="checkbox"/>	<input type="checkbox"/>
External doors	TIMBER	AS EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings	LATH + PLASTER	LATH + PLASTER	<input type="checkbox"/>	<input type="checkbox"/>
Internal walls	MUNTIN + PLANK PARTITIONS, STONE, LATH + PLASTER	MUNTIN + PLANK PARTITIONS, STONE, LATH + PLASTER	<input type="checkbox"/>	<input type="checkbox"/>
Floors	STONE FLAGGS	STONE FLAGGS	<input type="checkbox"/>	<input type="checkbox"/>
Internal doors	TIMBER	AS EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Rainwater goods			<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing			<input type="checkbox"/>	<input type="checkbox"/>
Lighting			<input type="checkbox"/>	<input type="checkbox"/>
Others (add description)			<input type="checkbox"/>	<input type="checkbox"/>



Are you supplying additional information on submitted drawings or plans?

☒ Yes

☐ No

Yes, please state plan(s)/drawing(s) references:

DRAWINGS;
CWF/SP/00,01,03, CWF/LBE/01,02,03,06,07,10,11,12,13
DESIGN + ACCESS STATEMENT - SEE PREVIOUS LBE
APPLICATION

10. Demolition

Does the proposal include the partial or total demolition of a listed building?

☐ Yes ☒ No

If Yes, which of the following does the proposal involve?

a) Total demolition of the listed building: ☐ Yes ☐ No

b) Demolition of a building within the curtilage of the listed building: ☐ Yes ☐ No

c) Demolition of a part of the listed building: ☐ Yes ☐ No

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)

ii) What is the volume of the part to be demolished?(cubic metres)

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:

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

12. Listed Building Grading

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)

Grade I ☐

Ecclesiastical Grade I ☐

Grade II* ☒

Ecclesiastical Grade II* ☐

Grade II ☐

Ecclesiastical Grade II ☐

Don't know ☐

11. Listed Building Alterations

Do the proposed works include alterations to a listed building?

☒ Yes ☐ No

If Yes, do the proposed works include: (you must answer each of the questions)

a) Works to the interior of the building? ☒ Yes ☐ No

b) Works to the exterior of the building? ☒ Yes ☐ No

c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally? ☐ Yes ☒ No

d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? ☐ Yes ☒ No

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 proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):

PLANS + SCHEDULE OF REPAIRS

13. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

☐ Yes ☒ No ☐ Don't know

If Yes, please provide the result of the application:

HEREFORDSHIRE COUNCIL
PLANNING SERVICES
DEVELOPMENT CONTROL

16 DEC 2009

To
Ack'd
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14. Certificates

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

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:

K. COOPER
HEREFORD PARTNERSHIP

14/12/09

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

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
N/A		

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

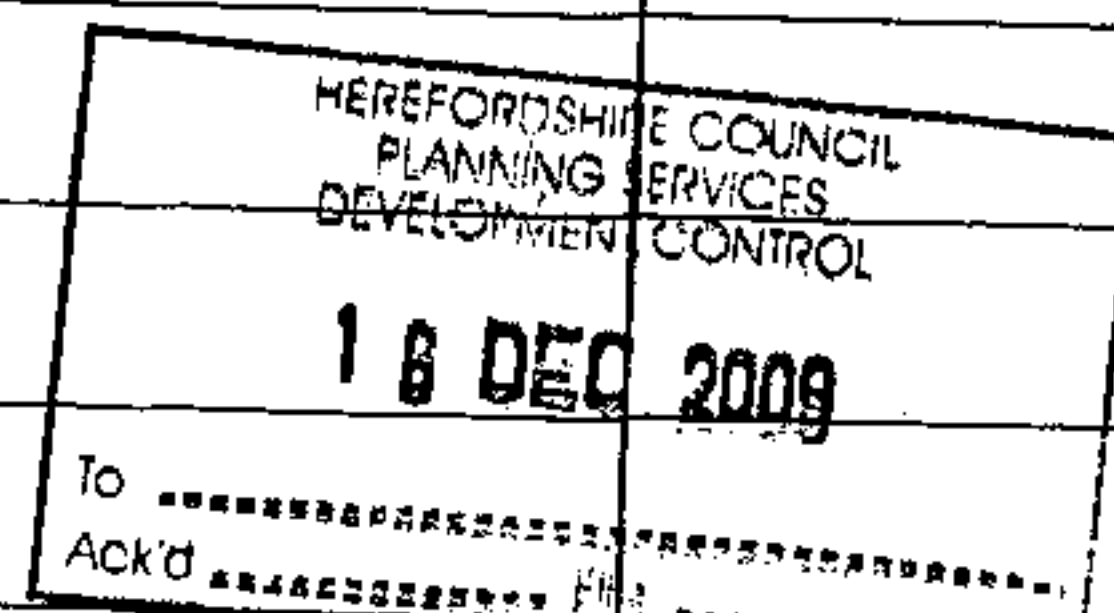
Certificate under Article 7 of the Town and Country Planning (General Development Procedure) Order 1995 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

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
N/A		



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:

14. Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

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:

[Handwritten signature]

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:

[Handwritten signature] *[Handwritten signature]* *[Handwritten date]*

15. 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 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 a plan which identifies the land to which the application relates and drawn to an identified scale and showing the direction of North:



The original and 3 copies of the completed dated Ownership Certificate (A, B, C, or D - as applicable):



The original and 3 copies of a design and access statement:



SEE PREVIOUS APPLICATION

16. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Handwritten signature] *[Handwritten signature]* *[Handwritten date]* (date cannot be pre-application)

17. Applicant Contact Details

Telephone numbers

Country code: *01600* National number: *860393* Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

18. Agent Contact Details

Telephone numbers

Country code: *01981* National number: *241144* Extension number:

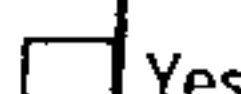
Country code: Mobile number (optional):

Country code: Fax number (optional): *01981 241144*

Email address (optional): *healoptnshp@aol.com*

9. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?



If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)



HEREFORDSHIRE COUNCIL
PLANNING SERVICES
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16 DEC 2009 different from the agent/applicant's details

Other has been selected, please provide:

Contact name:

Telephone number:

Email address: