

SE/100927/FH

County of Herefordshire District Council Planning Services PO Box 230 **Blueschool House Blueschool Street** Hereford HR1 2ZB

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

'ublication of applications on planning authority websites

lease 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.

Brownsizon

First name:

1. Applicant Name and Address

Title:

Last name:

Company

(optional):

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

Title:

Last name:

Company

(optional):

2. Agent Name and Address

First name:

Unit:	N House number:	House suffix:	Unit:	House number:	House suffix:
House name:	JUBILEE	COTTANK	House name:		
Address 1:	Kings (CAPUZ	Address 1:		
Address 2:		COUNC	Address 2:		
Address 3:	ORI CATION	JAC SALL	Address 3:		
Town:	AP!	5 JOH	Town:		
County:	MITER E FO	9 03 25 1	County:	·	
Country:	PLANNI	JG 3	Country:		
Postcode:	HPC1 4TZ		Postcode:		
3. Descr	ption of Proposed	Works		· <u> </u>	
Please desc	ribe the proposed work	<u>;: </u>			
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3. Description of Proposed Works (continued)	SE/100927/FH
las the work already started?	
f Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
las 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 ————————————————————————————————————	proposed to or from the public highway?
· · · · · · · · · · · · · · · · · · ·	Do the proposals require any diversions,
Address 1: Kings CAPLIS	extinguishments and/or creation of public rights of way?
Address 2:	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:	
County: MEREFORD SHIRE	
Postcode (optional): LCL4TZ	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local	Are there any trees or hedges on your own
authority about this application?	property or on adjoining properties which
If Yes, please complete the following information about the advice	are within falling distance of your boundary? Yes Mo If Yes, please mark their position on a scaled
you were given. (This will help the authority to deal with this application more efficiently).	plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not	
known, and then complete as much possible:	
Officer name:	
Reference:	
Treference.	Will any trees or hedges need
Date (DD MM YYYY):	to be removed or pruned in order to carry out your proposal?
(must be pre-application submission)	If Yes, please show on your plans which trees by giving them
Details of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.
	Franc Massie Reduced To In For Exit
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	METT 1
8. Parking	9. Authority Employee / Member
Will the proposed works affect	With respect to the Authority, I am:
existing car parking arrangements? Yes No	(a) a member of staff (b) an elected member Do any of these statements apply to you?
If Yes, please describe:	(c) related to a member of staff
	(d) related to an elected member If yes please provide details of the name, relationship and role
	102 Thomas - 3 Children
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appkable, please stat	e what materials are to be used externally. Include	type, colour and name for each material:		Τ
	Existing (where applicable) S E	Proposed / 1 0 0 9 2 7 / F H	Not applicable	Don't Know
Valls		Tionis Ell Curas		
Roof		Si-ATE.		
Windows		Woos & GLASS		
Doors		W000		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing		Same.		
Lighting				
Others (please specify)				
	ditional information on submitted plan(s)/drawing(erences for the plan(s)/drawing(s)/design and access	ss statement:	<u> 2.40</u>	

Sign Cerunicate A, D, C, Dr L		ted, together with th				Certi	ficate	e with	this a	applic	ation	form
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ich the application relates. Ined - Applicant:		Or signed - A	lgent:	_					_ Da	te (DI	D/MM.	/YYYY):
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Town and Cou ertify/ The applicant certified days before the date of this to run) of any part of the lan	Intry Planning (Geres that I have/the apage) application, was the	e owner (owner is a p	Procedure) (requisite no erson with a f	Order 19 tice to 6	995 Co everyo	ne el	se (as	s liste	d beio	w) wi	no, on	the day
Name of Owner			Address									erved
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Neither Certificate A of All reasonable steps hold in been unable to do some steps taken were: Name of Owner Name of Owner	that: or B can be issued for ave been taken to for the terest with at least 7	rificate of owner neral Development or this application and out the names any years left to run) of the he following newspars.	SHIP - CERT Procedure) (d addresses (e land or buil Address	Order 1 of the of ding, or	e follo	wners	date ore the	whiche date	r Artic	ate No	be ear	erved

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certify/ The applicant certifies that: Certificate A cannot be issued for All reasonable steps have been date of this application, was the	CERTIFICATE OF OWNERSHIP - CERTIFICATE OWNERSHIP	Order 1995 Certificate under Article 7 of everyone else who, on the day 21 days berest or leasehold interest with at least 7 years	efore the
The steps taken were:	·		····
	SE	E/100927/F	H
Notice of the application has been publication has been publication area where the land is		On the following date (which must not be than 21 days before the date of the apple	
Signed - Applicant:	Or signed - Agent:	Date (DD/	MM/YYYY):
Signed - Applicant: (B) I have/ The applicant has given the re-	Or signed - Agent: equisite notice to every person other than my tenant of an agricultural holding on all or p	Date (DD)	/MM/YYYY) 4 /マン(こ ys lates.
as listed below: Name of Tenant	Address		ice Served
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		-	<u></u> .
Signed - Applicant:	Or signed - Agent:	Date (DD)	/MM/YYYY)
Please read the following checklist to manformation required will result in your a the Local Planning Authority has been such e original and 3 copies of a completed and dated application form: The original and 3 copies of a plan which dentifies the land to which the application elates drawn to an identified scale and showing the direction of North: The original and 3 copies of other plans	ke sure you have sent all the information in sopplication being deemed invalid. It will not be about the original and 3 copies of a design and access statement where proposed works fall within one of the following designated areas:	The correct fee: The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applications)	quired by

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14. De laration /we hereu pply for planning permission/consent as described information. Signed - Applicant: Or signed - Age	in this form and the accompanying plans/drawings and additional part: Date (DD/MM/YYYY): (date cannot be pre-application)
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	11 &
17. Site Visit Can the site be seen from a public road, public footpath, bridlewalf the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Email address:	Other (if different from the

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