

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

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



Council of the
ISLES OF SCILLY

COUNCIL OF THE ISLES OF SCILLY
 Planning Department
 Town Hall, The Parade, St Mary's, Isles of Scilly, TR21 0LW
 ☎ 01720 424350
 ✉ planning@scilly.gov.uk

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address

Title: First name: **JEAN / MARTIN**

Last name: **BUCHANEN / LESTER**

Company (optional):

Unit: House number: House suffix:

House name: **PARK VIEW**

Address 1: **THE PARADE, LOWER STRAND**

Address 2: **HUGH TOWN**

Address 3: **ST MARY'S**

Town: **ISLES OF SCILLY**

County: **CORNWALL**

Country:

Postcode: **TR21 0LP**

2. Agent Name and Address

Title: First name: **ROBERT**

Last name: **GREEN**

Company (optional):

Unit: House number: House suffix:

House name: **CHARLOTTE HOUSE**

Address 1: **GARRISON HOUSE**

Address 2: **HUGH TOWN**

Address 3: **ST MARY'S**

Town: **ISLES OF SCILLY**

County: **CORNWALL**

Country:

Postcode: **TR21 0JD**

3. Description of Proposed Works

Please describe details of the proposed development or works including details of proposals to alter, extend or demolish the listed building(s):

NEW BUILD, 3 STOREY, 3 BEDROOM, TIMBER FRAME DWELLING WITHIN THE CURTILAGE OF A LISTED BUILDING

Has the development or work(s) already started?

Yes No

If Yes, please state the date when the development or work(s) were started (DD/MM/YYYY):
(date must be pre-application submission)

Have the development or work(s) been completed?

Yes No

If Yes, please state the date when the development or work(s) were completed (DD/MM/YYYY):
(date must be pre-application submission)

Reference no. of permission in principle being relied on (technical details consent applications only):

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Easting: Northing:

Description:

5. 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:

Reference:

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

Details of pre-application advice received?

MEETING HELD.
FOLLOW UP EMAIL RECEIVED.

6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? Yes No

Is a new or altered pedestrian access proposed to or from the public highway? Yes No

Are there any new public roads to be provided within the site? Yes No

Are there any new public rights of way to be provided within or adjacent to the site? Yes No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? Yes No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawing(s)

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? Yes No

If Yes, please provide details:

WASTE STORAGE BINS
COLLECTION FROM GATE, STREET
SIDE.

Have arrangements been made for the separate storage and collection of recyclable waste? Yes No

If Yes, please provide details:

WASTE STORAGE BINS
COLLECTION FROM GATE, STREET
SIDE

8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? Yes No

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 their name, role and how you are related to them.

9. 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:

DEMOLITION OF BOUNDARY WALL
2MX4M + 1M GATED OPENING

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

TO FORM NEW BOUNDARY WITH
LARGER GATED ACCESS TO BEACH
+ FORM GROUND FLOOR OF NEW
DWELLING

10. 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):

BOUNDARY WALL IN QUESTION
DOES NOT ADJOIN THE
CURRENT BUILDING.

11. 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 Ecclesiastical Grade
Grade II* Ecclesiastical Grade II*
Grade II Ecclesiastical Grade II
Don't know

12. 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:

13. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	0	0	0
Light goods vehicles/ public carrier vehicles	0	0	0
Motorcycles	0	0	0
Disability spaces	0	0	0
Cycle spaces	0	0	0
Other (e.g. Bus)	0	0	0
Other (e.g. Bus)	0	0	0

14. 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	NONE	BLACKENED ASH CLADDING WESTERN RED CEDAR CLADDING	<input type="checkbox"/>	<input type="checkbox"/>
Roof covering	NONE	SMALL MODULE NATURAL SLATE / FIBREGLASS FLAT ROOFING/GUTTER	<input type="checkbox"/>	<input type="checkbox"/>
Chimney	/	/	<input type="checkbox"/>	<input type="checkbox"/>
Windows	NONE	POWDER COATED ALUMINIUM DOUBLE / TRIPLE GLAZED. TIMBER WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>
External doors	NONE	SOLID TIMBER DOORS TIMBER GLAZED DOORS	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings	NONE	PLASTERBOARD	<input type="checkbox"/>	<input type="checkbox"/>
Internal walls	NONE	PLASTERBOARD	<input type="checkbox"/>	<input type="checkbox"/>
Floors	NONE	TIMBER	<input type="checkbox"/>	<input type="checkbox"/>
Internal doors	NONE	TIMBER	<input type="checkbox"/>	<input type="checkbox"/>
Rainwater goods	NONE	ALUMINIUM	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	GRANITE BLOCKWORK, RENDER FINISH	GRANITE BLOCKWORK RENDER FINISH.	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing	CONCRETE	NATURAL STONE -	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	NONE	LOW LEVEL GARDEN 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

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

DESIGN/ ACCESS PV2.
DRAWING NOS 319/01 → ~~319/01~~ 319/10

15. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer Cess pit
 Septic tank Other
 Package treatment plant

Are you proposing to connect to the existing drainage system? Yes No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

16. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No

How will surface water be disposed of?

- Sustainable drainage system Existing watercourse
 Soakaway Pond/lake
 Main sewer

17. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

c) Features of geological conservation importance:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

18. Existing Use

Please describe the current use of the site:

REAR YARD

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

REAR YARD

When did this use end (if known)?

(DD/MM/YYYY)
(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

- Land which is known to be contaminated? Yes No
Land where contamination is suspected for all or part of the site? Yes No
A proposed use that would be particularly vulnerable to the presence of contamination? Yes No

19. Trees and Hedges

Are there trees or hedges on the proposed development site? Yes No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Yes No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

20. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? Yes No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

21. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? Yes No
 If Yes, please complete details of the changes in the tables below:

Proposed Housing							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d+e+f) =							

Existing Housing							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d+e+f) =							

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsite/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d+e+f) =							

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d+e+f) =							

Affordable Home Ownership	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d+e+f) =							

Affordable Home Ownership	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d+e+f) =							

Starter Homes	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d) =							

Starter Homes	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d) =							

Self Build and Custom Build	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					1
Flats/maisonettes	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d) =							1

Self Build and Custom Build	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Totals (a+b+c+d) =							

Total proposed residential units (A+B+C+D+E) = 1

Total existing residential units (F+G+H+I+J) = /

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total): 1

22. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
A4	<input type="checkbox"/>				
Drinking establishments	<input type="checkbox"/>				
A5	<input type="checkbox"/>				
Hot food takeaways	<input type="checkbox"/>				
B1 (a)	<input type="checkbox"/>				
Office (other than A2)	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (c)	<input type="checkbox"/>				
Light industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input type="checkbox"/>				
Residential institutions	<input type="checkbox"/>				
D1	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please specify	<input type="checkbox"/>				
Total					

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential institutions	<input type="checkbox"/>			
OTHER		<input type="checkbox"/>			
Please specify		<input type="checkbox"/>			

23. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

24. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

25. Site Area

Please state the site area in hectares (ha)

26. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

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Is the proposal a waste management development? Yes No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making an allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)
Inert landfill	<input type="checkbox"/>	
Non-hazardous landfill	<input type="checkbox"/>	
Hazardous landfill	<input type="checkbox"/>	
Energy from waste incineration	<input type="checkbox"/>	
Other incineration	<input type="checkbox"/>	
Landfill gas generation plant	<input type="checkbox"/>	
Pyrolysis/gasification	<input type="checkbox"/>	
Metal recycling site	<input type="checkbox"/>	
Transfer stations	<input type="checkbox"/>	
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>	
Household civic amenity sites	<input type="checkbox"/>	
Open windrow composting	<input type="checkbox"/>	
In-vessel composting	<input type="checkbox"/>	
Anaerobic digestion	<input type="checkbox"/>	
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>	
Sewage treatment works	<input type="checkbox"/>	
Other treatment	<input type="checkbox"/>	
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>	
Storage of waste	<input type="checkbox"/>	
Other waste management	<input type="checkbox"/>	
Other developments	<input type="checkbox"/>	

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application planning authority should make clear what information it requires on its website.

27. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? Yes No Not

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>

Other:

Other:

Amount (tonnes):

Amount (tonnes):

Ownership Certificates and Agricultural Land Declaration

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

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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* and/or agricultural tenant** of any part of the land or building to which this application relates.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

Name of Owner / Agricultural Tenant	Address	Date Notice Served
Flat 1 - Harbour View	Sonia Fletcher, Santamaria, Jackson Hill TR21 OJZ	16th September 2019
Flat 2 - Harbour View	Terry Hiron (and Richard Chiverton) Tjhironarics, Clowdisley TR21 ONF	16th September 2019
Flat 3 - Harbour View	Liz and Geoff Dominey Lushers Cottage, Whitsbury, Fordingbridge, Hants SP6 3QB	16th September 2019
Flat 4 - Harbour View	Jane Belcher Lanherne, St Columb, TR19 6AF	16th September 2019
Flat 5 - Harbour View	Perran and Rainy Gay The Chaplaincy, Church Road, TR21 0NA	16th September 2019
Flat 6 - Harbour View	Fiona and David Maybrey 7 Branksea Close, TR21 0ND	16th September 2019

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

29. 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 (LPA) has been submitted.

- The original and 3 copies* of a completed and dated application form: The correct fee:
- The original and 3 copies* of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details):
- 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 the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

30. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant: Date (DD/MM/YYYY): (date cannot be pre-application)

31. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code:

Email address (optional):

33. 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: