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Application for Planning Permission and Listed Building Consent for alterations, extension or demolition of a listed building

Town and Country Planning Act 1990 (as amended)
Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

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).

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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

Planning Department Town ffall, St Mary's, Isles of Soilly, Fil21 Orty) 01720 424455 "planning@scilly gov uk

Publication on Local 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.

1. Applic	ant Name and Address
Title:	MR. First name: RICHARD
Last name:	CARSTICK
Company (optional):	
Unit:	House number: 2A House suffix:
House name:	
Address 1:	SARLS DOWN ROAD
Address 2:	
Address 3:	
Town:	EXLIGITH
County:	JEVOIN
Country:	UNITED KINGDOM
Postcode:	EX8 2HY

a. rigent itali	Te and Address	
Title:	First name:	
Last name:		
Company (optional):		
Unit:	House number:	House suffix:
House name:		
Address 1:		
Address 2:		
Address 3:		
Town:		
County:		
Country:		
Postcode:		

Agent Name and Address

Please describe details of the proposed development or works inclubuilding(s):	ding details of proposals to alter, extend or demolish the listed
	, of WOODEN SASH WINDOWS ON
THE FRONT OF THE HOUSE WITH	NEW WOODEN SASH WINDOWS
BUT WITH DOUBLE GLAZED UNIT	S FOR ENERGY SAVING.
Refuse herst, like for like,	of Hooders Frank
THE SHEAR, WOOLEN DOORS	
, , , , , , , , , , , , , , , , , , , ,	
Has the development or work(s) already started?	Yes No
If Yes, please state the date when development or work(s) were started (DD/MM/YYYY):	(date must be pre-application submission)
Has the development or work(s) been completed?	Yes No
If Yes, please state the date when the development or work(s) was completed (DD/MM/YYYY):	(date must be pre-application submission)
Reference number of permission in principle being relied on (technical details consent applications only):	
Is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)?	☐ Yes No
4. Site Address Details	S. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit: House G House suffix:	authority about this application?
onit: number: O suffix:	authority about this application? Yes No If Yes, please complete the following information about the advice
House number: O suffix:	authority about this application? 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).
House name: ARMOREL GOTAGE	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
House name: ARMOREL GOTAGE Address 1: THE PARADE	authority about this application? 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:
House name: ARMOREL GOTAGE Address 1: THE PARADE Address 3: Town: HUGH TOWN	authority about this application? 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:
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House name: ARMOREL GOTAGE Address 1: THE PARASE Address 3: Town: HUGH TOWN County: ISLES OF SCILLY Postcode (optional): TR 21 OLP Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing:	authority about this application? 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: ANALL LING Reference: E-MAIL DITED 5 AUGUST 2021 Date (DD/MM/YYYY):
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	6. Pedestrian and Vehicle Access, Road	ds and Rig	hts of Way	7. Waste Stor	rage and Collection		
	Is a new or altered vehicle access proposed to or from the public highway?	Yes	No No	Do the plans inco	orporate areas to store ction of waste?	Yes	☐ No
	Is a new or altered pedestrian access propos to or from the public highway?	ed Yes	✓ No	If Yes, please pro	ovide details: ARMCASAE		
	Are there any new public roads to be provided within the site?	Yes	Ø No		THE MEASURE	_ `	
	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 que details on your plans/drawings and state the (s)/drawings(s)	estions, plea e reference	se show of the plan	Have arrangement storage and colled of recyclable was		rate Yes	□No
Suc Paris				If Yes, please pro		L	
				-	APPLICABLE		
					,		
	8. Authority Employee / Member						$\overline{}$
	It is an important principle of decision-makir means related, by birth or otherwise, closely conclude that there was bias on the part of t	enough tha	at a fair-minde	ed and informed of	oserver, having considered		
	Do any of the following statements apply to				With respect to the author	ity, I am:	
		•			(a) a member of staff	•	
					(b) an elected member(c) related to a member of	staff	
					(d) related to an elected m	nember	
	If Yes, please provide details of their name, r	ole and hov	w you are rela	ted to them.			
1							

9. Demolition			10. Listed Building Alte	rations		
Does the proposal include the p total demolition of a listed build		No	Do the proposed works includ to a listed building?		Yes	MNo
If Yes, which of the following do	es the proposal involve?	,	If Yes, do the proposed works	include		
a) Total demolition of the listed I		No	(you must answer each of the	questions)		,
b) Demolition of a building with the curtilage of the listed buildin	in	No	a) Works to the interior of the l	building?	Yes	No
c) Demolition of a part of the list		No	b) Works to the exterior of the	building?	Yes	No
If the answer to c) is Yes:			c) Works to any structure or ob	lect fixed	7747	
i) What is the total volume of the listed building?(cubic metres)			to the property (or buildings w its curtilage) Internally or exter	ithin	Yes	No
ii) What is the volume of the part to be demolished?(cubic metres)			d) Stripping out of any internal	wall, ceiling	□ v	1
iii) What was the (approximate) erection of the part to be removed	ed? (MM/YYYY)		or floor finishes (e.g. plaster, flo	uestions is Yes.	Yes please pro	vide
(date must be pre-application su Please provide a brief descripti building you are proposing to de	on of the building or pa	art of the	plans, drawings, photographs extent and character of the ite proposal for their replacement	sufficient to ide ms to be remo t. including any	entify the loved, and the new mean	e e e s of
			structural support and state re			
/		-	REPLACEMENT WINDOWS AN SIMILAR	ef Woe	Den.	
			WINDOWS AN	A DOOR	es wil	H
Why is it necessary to demolish of the building(s) and or structur	or extend (as applicable) a e(s)?	all or part	SIMILAR.			
			SEE SEC	tion 3		
		- 1	111	1000	•	
		- 1	111			
11. Listed Building Gradin	ng	=	12. Immunity From Listi	ng		
Please state the grading (if known	n) of the building in the lis	st of	Has a Certificate of Immunity fr	-	n sought in	respect of
Please state the grading (if known Buildings of Special Architectural	n) of the building in the lis	st of e: only	Has a Certificate of Immunity from this building?	-	n sought in	respect of
Please state the grading (if known Buildings of Special Architectural one box must be ticked)	n) of the building in the list or Historic interest? (Note	st of e: only	Has a Certificate of Immunity fr	om Listing beer	n sought in Don't know	
Please state the grading (if knowr Buildings of Special Architectural one box must be ticked) Grade [n) of the building in the lis or Historic interest? (Note Ecclesiastical Grade I	st of e: only	Has a Certificate of Immunity from this building?	om Listing been	Don't know	
Please state the grading (if knowr Buildings of Special Architectural one box must be ticked) Grade [n) of the building in the list or Historic interest? (Note	st of e: only	Has a Certificate of Immunity from this building?	om Listing been	Don't know	
Please state the grading (if knowr Buildings of Special Architectural one box must be ticked) Grade [n) of the building in the lis or Historic interest? (Note Ecclesiastical Grade I	st of e: only	Has a Certificate of Immunity from this building?	om Listing been	Don't know	
Please state the grading (if knowr Buildings of Special Architectural one box must be ticked) Grade [n) of the building in the lis or Historic interest? (Note Ecclesiastical Grade (Ecclesiastical Grade II*	st of e: only	Has a Certificate of Immunity from this building?	om Listing been	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked) Grade I Grade II Grade II	n) of the building in the list or Historic interest? (Note Ecclesiastical Grade I Ecclesiastical Grade II Ecclesiastical Grade II	st of e: only	Has a Certificate of Immunity from this building?	om Listing been	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked) Grade I Grade II Grade II	of the building in the list or Historic interest? (Note Ecclesiastical Grade II Ecclesiastical Grade II Ecclesiastical Grade II Don't know	e: only	Has a Certificate of Immunity from this building? Yes No If Yes, please provide the result	om Listing been	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked) Grade	of the building in the list or Historic interest? (Note Ecclesiastical Grade II Ecclesiastical Grade II Ecclesiastical Grade II Don't know	e: only	Has a Certificate of Immunity from this building? Yes No If Yes, please provide the result	om Listing beer	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked) Grade I Grade II Grade II Please provide information on	b) of the building in the list or Historic interest? (Note Ecclesiastical Grade II Ecclesiastical Grade II Don't know the existing and propose Total	e: only	Has a Certificate of Immunity from this building? Yes No. If Yes, please provide the result of on-site parking spaces: Total proposed (including)	om Listing beer	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked) Grade Grade Total Control C	b) of the building in the list or Historic interest? (Note Ecclesiastical Grade II Ecclesiastical Grade II Don't know the existing and propose Total	e: only	Has a Certificate of Immunity from this building? Yes No. If Yes, please provide the result of on-site parking spaces: Total proposed (including)	om Listing beer	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked) Grade (Grade Formal one of the state	b) of the building in the list or Historic interest? (Note Ecclesiastical Grade II Ecclesiastical Grade II Don't know the existing and propose Total	e: only	Has a Certificate of Immunity from this building? Yes No. If Yes, please provide the result of on-site parking spaces: Total proposed (including)	om Listing beer	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked) Grade I Grade II Grade II Grade II Type of Vehicle Cars Light goods vehicles/public carrier vehicles	b) of the building in the list or Historic interest? (Note Ecclesiastical Grade II Ecclesiastical Grade II Don't know the existing and propose Total	e: only	Has a Certificate of Immunity from this building? Yes No. If Yes, please provide the result of on-site parking spaces: Total proposed (including)	om Listing beer	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked) Grade (Grade Formation on the state of the state o	b) of the building in the list or Historic interest? (Note Ecclesiastical Grade II Ecclesiastical Grade II Don't know the existing and propose Total	e: only	Has a Certificate of Immunity from this building? Yes No. If Yes, please provide the result of on-site parking spaces: Total proposed (including)	om Listing beer	Don't know	

	Existing (where applicable)	Proposed	Not applicable	Don Know
External walls		/		
Roof covering				
Chimney				
Windows				
External doors				
Ceilings				
Internal walls				
Floors				
Internal doors				
Rainwater goods				
Boundary treatments (e.g. fences, walls)	/			
Vehicle access and hard standing				
Lighting				
Others (add description)				

15. Foul Sewage	16. Assessment of Flood Risk
6 of 12 now foul sewage is to be disposed of: Mains sewer Cess pit	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
Septic tank Other	planning authority requirements for information as necessary.)
Package treatment plant	Yes Volument Reserved to submit to First d Rich Assessment
Are you proposing to	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
connect to the existing drainage system? If Yes, please include the details of the existing system on the	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
application drawings and state references for the plan(s)/drawing(s):	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 NO CHANGE.
17. Biodiversity and Geological Conservation	18. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
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	RESIDENTIAL.
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?	Is the site currently vacant?
or riear the application site?	If Yes, please describe the last use of the site:
a) Protected and priority species:	
Yes, on the development site Yes, on land adjacent to or near the proposed development	HOLISAY LET.
No	
b) Designated sites, important/habitats or other biodiversity features:	When did this use end (if known)? ON GO (NG
Yes, on the development site	(date where known may be approximate)
Yes, on land adjacent to or near the proposed development No	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.
c) Features of geological conservation importance:	Land which is known to be contaminated? Yes Vo
Yes, on the development site	Land where contamination is suspected for all or part of the site?
. Tes, on land adjacent to or near the proposed development No	A proposed use that would be particularly vulnerable to the presence of contamination? Yes V
19. Trees and Hedges	20. Trade Effluent
Are there trees or hedges on the proposed development site?	Does the proposal involve the need to dispose of trade effluents or waste? 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	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
of the local landscape character? 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, 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	

21. Residential L Does your proposal i If Yes, please comple	nclude ti	ne aa	in. lo	ss or c	hang	of use of	reside	ntial units? Yes	M.	No					
	Propo	sed	Hou	sing				I	Existi	ing l	lous	ina			-
Market Housing	Not	1	Num 2	ber of	Bedr 4+	ooms Unknowi	Total	Market	Not	Number of Bedrooms		ooms	Tota		
Houses		††	12	13	4+	Unknowi	1	Housing	known	1	2	3	4+	Unknowr	1
Flats/maisonettes	1	<u> </u>	1	+	_		-	Houses	닏		ļ	-	-	-	-
Sheltered housing	1		1	+	-		1	Flats/maisonettes					-		-
Bedsit/studios		-	1	\vdash			1	Sheltered housing			-	-	-		+
Cluster flats	1		+	+		 	-	Bedsit/studios Cluster flats			-		-	-	+-
Other	10		1	1-				Other					-		-
		То	tals (d	a + b +	·c+d	+e+f	+	Other		Tot	nla (-				+
Social, Affordable	T						Tabl	Social Affordable	T					+e+f)=	-
or intermediate Rent	Not known	1	2	ber of	4+	Unknowr	Total	Social, Affordable or Intermediate Rent	Not known	1	Numl 2	ber of	Bedr 4+	ooms Unknown	Tota
Houses								Houses					<u> </u>		1
Flats/maisonettes								Flats/maisonettes				-	<u> </u>		T
Sheltered housing								Sheltered housing						†	\vdash
Bedsite/studios								Bedsit/studios							1
Cluster flats								Cluster flats							1
Other								Othe							_
		To	tals (c	1+6+	c+d	+ e + f) =				Tot	als (a	+ 6 +	c+d	+e+f)=	\vdash
Affordable Home Ownership	Not known	-		ber of			Total	Affordable Home	Not	Number of Bedrooms			Tota		
Houses		1	2	3	4+	Unknown		Ownership Houses	known	1	2	3	4+	Unknown	-
Flats/maisonettes	1			-				Flats/maisonettes				-			-
Sheltered housing								Sheltered housing		-					-
Bedsit/studios	15			-				Bedsit/studios							-
Cluster flats			-					Cluster flats				-			-
Other								Other							
		Tot	tals (a	+ 6 +	c+d	+ e + f) =				Tot	als (a	+ b +	c+d	+e+f)=	
	Not		Numl	oer of	Redro	oms	Total			-		-	Bedro		Total
Starter Homes	known	1	2	3	-	Unknown	Total	Starter Homes	Not known	1	2	3		Unknown	TOtal
Houses								Houses							
Flats/maisonettes								Flats/maisonettes							
Bedsit/studios								Bedsit/studios							
Other							- 1	Other							
			То	tals (c	1+6+	-c+d)=	1.1				Tot	tals (c	1+6+	+c+d)=	
Self Build and Custom Build	Not known	1	Numb	per of		oms Unknown	Total	Self Build and Custom Build	Not known	1	lumb 2	er of	Bedro	oms Unknown	Total
Houses		··-	_			CTIMILOVITI		Houses		-	_	3	44	Unknown	<u> </u>
Flats/maisonettes								Flats/maisonettes	-	-			-		
Bedsit/studios								Bedsit/studios	<u></u>	\dashv	_				
Other								Other	-						
			To	tals (a	+ 6+	c+d)=					To	tals ic	1+6+	+ c + d) =	
							-								-
Total proposed resi	dential	mits	IA.	+ 8 + 6	- L D	LF)		Total ovisting res	idontini	. amie	- //		11 . 1		7

		•		Non-resident				
				n or change of u	NAME AND ADDRESS OF THE OWNER, WHEN PERSON WHEN THE PARTY OF THE PARTY	AND DESCRIPTION OF THE PERSON		No
If you have answered Yes to the Use class/type of use					Gross internal to be lost by use or der	floorspace change of nolition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	She	ops	Not applicable					
	Net trada	able area:						/
A2		ial and nal services						
А3	Restaurant	s and cafes						
A4	Drinking est	ablishments						
A5	Hot food	takeaways						
B1 (a)		er than A2)						
B1 (b)		rch and opment					1	
B1 (c)	1	ndustrial						
B2	General	industrial						
BB	Storage or	distribution			/	/		
C1		nd halls of lence						
C2	C2 Residential institutions							
D1	Non-residential institutions							
D2	Assembly	and leisure			/			
OTHER								
Please specify								
	To	otal						
· · · · · · · · · · · · · · · · · · ·	dition, for ho		-				dicate the loss or gain of	rooms
Use class	Type of use	Not applicable	Existi	ng rooms to be of use or dem		lotal room	ns proposed (including hanges of use)	Net additional rooms
C 1	Hotels							
C2	Residential Institutions							
OTHER						/		
Please specify								
23. Em	ployment						/	
Please co	umplete the f	ollowing Info	urinat	ion regarding er Full-time	·	time		al full-time
Ex	isting employ	ees				/	e	quivalent
Pro	posed emplo	yees						
	urs of Ope							
If known	, please state Use		-	to Friday	for each non-res Saturda	X	Sunday and	Not known
-							Bank Hólidays	
					/			

ır yo	u nave answ	erea yes to th		stion above piea	ase add details			4 1 K 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M
Use class/type of use			Not applicable	Existing gross internal floorspace (square metres)	Gross interna to be lost by use or der (square r	change of molition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1		iops						
		lable area:						
A2	Finano profession	cial and nal services					,	
A 3	Restauran	ts and cafes						
A4	Drinking es	tablishments						
A5		takeaways						
B1 (a)		ner than A2)						
B1 (b)		rch and opment						
B1 (c)	Light in	ndustrial						
B2	General	industrial						
B8		distribution						
C1		nd halls of dence						
C2	Residential	institutions						
D1		sidential utions						
D2						-	1 10 10 10 10 10 10 10 10 10 10 10 10 10	
OTHER	THER						Fig. (1)	
Please specify								
	To	otal		,				
In ad	dition, for ho	tels, residenti	al inst	titutions and hos	tels, please add	ditionally ind	licate the loss or gain of	rcoms
Use class	Type of use	Not applicable	Existir	ng rooms to be lo of use or demo		Total room ch	s proposed (including anges of use)	Net additional rooms
C1	Hotels							
	Residential Institutions							
OTHER								
Please specify								
23. Em	ployment							
		ollowing info	rmati	on regarding em	ployees:		<u> </u>	
				Full-time	Part-	time /		nl full-time Juivalent
	isting employ							GIVOICIT.
Prop	posed emplo	yees						
24. Hou	urs of Opei	ning					/	
			openi	ing (e.g. 15:30) fo	r each non-res	idential use p		
	Use	Мо	nday 1	to Friday	Saturday		Sunday and Bank Holidays	Not known
25. Site	Area	***************************************						
Please sta	ite the site ar	ea in hectares	s (ha)					

26. Industrial or Commercial Proce	acce and Machiness	
1	•	
Please describe the activities and processes be carried out on the site and the end prod	which would	1
I Diant, ventilation or air conditioning Please	include the	ARI E.
type of machinery which may be installed o		MINC.
Is the proposal a waste management develo		
If the answer is Yes, please complete the foll	owing table:	
	The total capacity of the void in cubic metres,	Maximum annual operational
11	including engineering surcharge and making no allowance for cover or restoration material (or	Maximum annual operational through put in tonnes
	tonnes if solid waste or litres if liquid waste)	(or litres if liquid waste)
Inert landfill		/
Non-hazardous landfill		
Hazardous landfill		
Energy from waste incineration		
Other incineration		
Landfill gas generation plant		
Pyrolysis/gasification		
Metal recycling site		
Transfer stations		
Material recovery/recycling facilities (MRFs)		
Household civic amenity sites	<u> </u>	
Open windrow composting	<u> </u>	
In-vessel composting	<u> </u>	
Anaerobic digestion		
Any combined mechanical, biological and/ or thermal treatment (MBT)		
Sewage treatment (MBT)		
Other treatment	 	
Recycling facilities construction, demolition		
and excavation waste		
Storage of waste		
Other waste management		
Other developments		
Please provide the maximum annual operation	onal throughput of the following waste streams:	
Municipal		
Construction, demolition and ex-	cavation	
Commercial and industria	ıl	
Hazardous		
If this is a landfill application you will need to planning authority should make clear what in	provide further information before your application can	be determined. Your waste
planning additing should make clear what in	formation 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 state	d below? Yes / No Not applicable	le
If Yes, please provide the amount of each subs	stance that is involved:	
Acrylonitrile (tonnes)	Ethylene oxide (tonnes)	Phosgene (tonnes)
Ammonia (tonnes)	lydrogen (vanide (tonnes) Sulp	hur dioxide (tonnes)
Bromine (tonnes)	Liquid oxygen (tonnes)	Flour (tonnes)
Chlorine (tonnes) Liqu	id petroleum gas (tonnes) Refined v	white sugar (tonnes)
	-	

عن. 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 & 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 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 is part of, an agricultural holding**

should sign Cartificate B. C. or D. as appropriate. If you are the sole owner of the land or building to Which

Signed - Applicant:	given by reference to the definition of "agricultural tenant" in section 65(8) of Ør signed - Agent:	Date (DD/MM/YYY
Signed Applicants		
Regulation 6 of the learning o	CERTIFICATE OF OWNERSHIP - CERTIFICATE B elopment Management Procedure) (England) Order 2015 Certificate ne Planning (Listed Buildings and Conservation Areas) Regulations 19 /e/the applicant has given the requisite notice to everyone else (as listed on, was the owner* and/or agricultural tenant** of any part of the land stor leasehold interest with at least 7 years left to run. liven in section 65(8) of the Town and Country Planning Act 1990	below) who, on the (
Name of Owner / Agricultural Tenant	Address	Date Notice Served
	Or signed - Agent:	Date (DD/MM/YYY

Date (DD/MM/YYYY):

● ecab.planningportal.co.uk					
28. Ownership Certificates and A Town and Country Planning (Deve Regulation 6 of the I certify/ The applicant certifies that: Neither Certificate A or B can be is All reasonable steps have been ta the land or building, or of a part o ""owner" is a person with a freehold interest ""agricultural tenant" has the meaning giv. The steps taken were:	CERTIFICAT Flopment Mana Planning (List ssued for this ap iken to find out of it, but I have/	FE OF OWNERSHIP - CERT agement Procedure) (Eng ted Buildings and Conser pplication the names and addresses of the applicant has been un-	(IFICATE C yland) Order 2015 Certificate (vation Areas) Regulations 19 of the other owners* and/or ag able to do so.	90	
			F		
Name of Owner / Agricultural Tenant		Address		Date Notice Served	
No. 12 - Esta - III - A - III		·			
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		Or signed - Agent:		Date (DD/MM/YYYY):	
			/		
CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 & 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* and/or agricultural tenant** of any part of the land to which this application relates, but I have/ the applicant has been unable to do so. **Towner* 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 The steps taken were:					
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 ear than 21 days before the date of the application)					
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):	

a ecab.planningportal.co.uk

	and portained the		
29. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all th Information required will result in your application being deemed in the Local Planning Authority (LPA) has been submitted.	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by		
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 a fire statement, if required		
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application.	(see help text and guidance notes for details): The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable)		
"National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronicall LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their plans can be bought from one of the Planning Portal's accredited su	y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick). unning department to discuss these options.		
30. Declaration I/we hereby apply for planning permission/consent as described in the Information. I/we confirm that, to the best of my/our knowledge, any ge Sig Or signed - Agent:	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Date (DD/MM/YYYY): U/10/1021. Date (DD/MM/YYYY): (date cannot be pre-application)		
Telephone numbers Extension number:	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):		
If 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:	other public land? Ves No Agent V Applicant Other (if different from the agent/applicant's details) Telephone number:		
Email address:			