

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

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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:	MRS	First name:	MARIA
Last name:	THOMAS		
Company (optional):			
Unit:		House number:	20
		House suffix:	
House name:			
Address 1:	SHARPS ROAD		
Address 2:	WEST LEIGH		
Address 3:			
Town:	HAVANT		
County:	HANTS		
Country:	ENGLAND		
Postcode:	PO9 5QH		

2. Agent Name and Address

Title:			
Last name:			
Company (optional):			
Unit:		House number:	18
		House suffix:	
House name:	SHARPS ROAD		
Address 1:	WEST LEIGH		
Address 2:			
Address 3:			
Town:	HAVANT		
County:	HANTS		
Country:	ENGLAND		
Postcode:	PO9 5QH		

3. Description of Proposed Works

Please describe the proposed works:

Single storey rear extension.
Replacing existing building then extending onto house.

3. Description of Proposed Works (continued)

Has the work already started?

☒ Yes ☐ No

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

(date must be pre-application submission)

Has the work already been completed?

☐ Yes ☒ No

If Yes, please state 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:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

5. 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

Do the proposals require any diversions, extinguishments and/or creation of public rights of way?

☐ Yes ☒ No

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

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 possible: ☐

Officer name:

Reference:

Date (DD MM YYYY):

(must be pre-application submission)

Details of the pre-application advice received:

7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development?

☐ Yes ☒ No

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:

Will any trees or hedges need to be removed or pruned in order to carry out your proposal?

☐ Yes ☒ No

If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.

8. Parking

Will the proposed works affect existing car parking arrangements?

☐ Yes ☒ No

If Yes, please describe:

9. Authority Employee / Member

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

Do any of these statements apply to you?

☐ Yes ☒ No

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

13. 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:

Signed Agent:

Date (DD/MM/YYYY):

12/09/2013

(date cannot be pre-application)

15. Agent Contact Details

RECEIVED
12 SEP 2013
HDC Development Control

Telephone numbers

Country code: National number:

Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

16. 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:

Neighbors 18 Shers Road + 22. Shers Road.
Flats Ropley Road.