

## Application for Outline Planning Permission With Some Matters Reserved. Town and Country Planning Act 1990

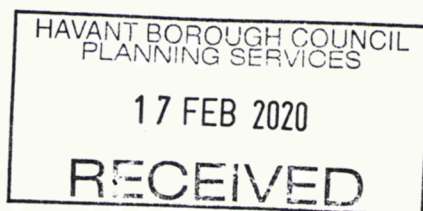
### Privacy Notice

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:



Civic Offices  
 Havant  
 Hampshire PO9 2AX  
 T 023 9244 6015  
 F 023 9248 0263

### 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:              | <input type="text" value="Ms"/>            | First name:   | <input type="text" value="JUDY"/> |
| Last name:          | <input type="text" value="STEWART"/>       |               |                                   |
| Company (optional): | <input type="text" value="-"/>             |               |                                   |
| Unit:               | <input type="text"/>                       | House number: | <input type="text" value="1"/>    |
|                     |                                            | House suffix: | <input type="text"/>              |
| House name:         | <input type="text"/>                       |               |                                   |
| Address 1:          | <input type="text" value="LIBDIARDS WAY"/> |               |                                   |
| Address 2:          | <input type="text" value="POURBROOK"/>     |               |                                   |
| Address 3:          | <input type="text" value="WATERLOOVILLE"/> |               |                                   |
| Town:               | <input type="text"/>                       |               |                                   |
| County:             | <input type="text" value="HANTS"/>         |               |                                   |
| Country:            | <input type="text"/>                       |               |                                   |
| Postcode:           | <input type="text" value="PO7 5QW"/>       |               |                                   |

#### 2. Agent Name and Address

|                     |                      |               |                      |
|---------------------|----------------------|---------------|----------------------|
| Title:              | <input type="text"/> | First name:   | <input type="text"/> |
| Last name:          | <input type="text"/> |               |                      |
| Company (optional): | <input type="text"/> |               |                      |
| Unit:               | <input type="text"/> | House number: | <input type="text"/> |
|                     |                      | House suffix: | <input type="text"/> |
| House name:         | <input type="text"/> |               |                      |
| Address 1:          | <input type="text"/> |               |                      |
| Address 2:          | <input type="text"/> |               |                      |
| Address 3:          | <input type="text"/> |               |                      |
| Town:               | <input type="text"/> |               |                      |
| County:             | <input type="text"/> |               |                      |
| Country:            | <input type="text"/> |               |                      |
| Postcode:           | <input type="text"/> |               |                      |

### 3. Description of the Proposal

Please indicate those reserved matters for which approval is being sought (tick all that apply):

☐ None ☒ Access ☐ Appearance ☐ Landscaping ☒ Layout ☐ Scale

Please describe the proposed works:

2 STOREY DETACHED HOUSE TO BE BUILT NEXT TO  
EXISTING SEMI-DETACHED HOUSE.

SEE PLAN.

Has building or works  
already been carried out?

☐ Yes

☒ No

If Yes, please state the date when building  
or works were started (DD/MM/YYYY):

(date must be pre-application submission)

Have the works  
been completed?

☐ Yes

☒ No

If Yes, please state the date when the  
works 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:

LINDARDS WAY

Address 2:

PURBROOK

Address 3:

Town:

WATERLOOVILLE

County:

HAMPSHIRE

Postcode  
(optional):

PO7 5QW

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

Easting:

Northings:

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:

GEN/13/00203

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

Advice was very positive, but  
stipulated that there should be  
off-road parking for 2 cars.

## 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 ☐ Unknown

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

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

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

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

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)/drawings(s)

## 7. Waste Storage and Collection

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

If Yes, please provide details:

BIN STORAGE AREA ADJACENT TO PROPOSED CAR HARD-STANDING (SEE PLAN)

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

If Yes, please provide details:

AS ABOVE

## 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. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

|                                             | Existing<br>(where applicable)                       | Proposed                                    | Not<br>applicable        | Don't<br>Know            |
|---------------------------------------------|------------------------------------------------------|---------------------------------------------|--------------------------|--------------------------|
| Walls                                       | BRICK, TILE HUNG<br>FIRST FLOOR, FRONT               | <del>BRICK</del> AS EXISTING<br>TO MATCH.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof                                        | CONCRETE TILES                                       | TO MATCH EXISTING                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows                                     | UPVC, DOUBLE GLAZED                                  | TO MATCH EXISTING                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Doors                                       | UPVC, DOUBLE GLAZED                                  | TO MATCH EXISTING.                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) | WALLS                                                | TO MATCH EXISTING                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         | DRIVEWAY IN FRONT<br>+ SIDE OF GARAGE<br>FOR 3 CARS. | NEW HARDSTANDING<br>FOR 2 CARS<br>SEE PLAN. | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting                                    | N/A                                                  | N/A                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Others<br>(please specify)                  | N/A                                                  | N/A                                         | <input type="checkbox"/> | <input type="checkbox"/> |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☒ Yes

☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

ATTACHED PLAN - DRAWING 2

## 10. Vehicle Parking

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

| Type of Vehicle                                  | Total<br>Existing | Total proposed (including<br>spaces retained) | Unknown total proposed<br>(including spaces retained) | Difference<br>in spaces |
|--------------------------------------------------|-------------------|-----------------------------------------------|-------------------------------------------------------|-------------------------|
| Cars                                             | 4                 | 6                                             | <input type="checkbox"/>                              | + 2                     |
| Light goods vehicles/<br>public carrier vehicles |                   |                                               | <input type="checkbox"/>                              |                         |
| Motorcycles                                      |                   |                                               | <input type="checkbox"/>                              |                         |
| Disability spaces                                |                   |                                               | <input type="checkbox"/>                              |                         |
| Cycle spaces                                     |                   |                                               | <input type="checkbox"/>                              |                         |
| Other (e.g. Bus)                                 |                   |                                               | <input type="checkbox"/>                              |                         |
| Other (e.g. Bus)                                 |                   |                                               | <input type="checkbox"/>                              |                         |

### 11. Foul Sewage

Please state how foul sewage is to be disposed of:

- |                                                  |                                   |
|--------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Mains sewer  | <input type="checkbox"/> Cess pit |
| <input type="checkbox"/> Septic tank             | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Package treatment plant | <input type="checkbox"/> Unknown  |

Are you proposing to connect to the existing drainage system? ☐ Unknown ☒ 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):

### 12. 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?

- |                                                      |                                               |
|------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Sustainable drainage system | <input type="checkbox"/> Existing watercourse |
| <input checked="" type="checkbox"/> Soakaway         | <input type="checkbox"/> Pond/lake            |
| <input type="checkbox"/> Main sewer                  |                                               |

### 13. 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

### 14. Existing Use

Please describe the current use of the site:

GARDEN TO EXISTING HOUSE

Is the site currently vacant? ☒ Yes ☐ No

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

GARDEN.

When did this use end (if known)?  
(DD/MM/YYYY)

(date where known may be approximate)

N/A

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

### 15. 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'.

### 16. 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

## 17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:

☒ Yes

☐ No

### Proposed Housing

| Market Housing                   | Not known                | Number of Bedrooms |   |   |    |         | Total |
|----------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                  |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                           | <input type="checkbox"/> |                    | 1 |   |    |         | 1     |
| 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"/> |                    |   |   |    |         |       |
| 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) = |                          |                    |   |   |    |         |       |

| 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) =

### 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"/> |                    |   |   |    |         |       |
| 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) = |                          |                    |   |   |    |         |       |

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

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

## 18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

☐ Yes

☒ No

☐ Unknown

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) | Unknown                  | Total gross internal floorspace proposed (including change of use)(square metres) | Unknown                  | Net additional gross internal floorspace following development (square metres) |
|-----------------------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------|
| A1                    | Shops                               | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
|                       | Net tradable area:                  | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| A2                    | Financial and professional services | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| A3                    | Restaurants and cafes               | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| A4                    | Drinking establishments             | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| A5                    | Hot food takeaways                  | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| B1 (a)                | Office (other than A2)              | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| B1 (b)                | Research and development            | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| B1 (c)                | Light industrial                    | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| B2                    | General industrial                  | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| B8                    | Storage or distribution             | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| C1                    | Hotels and halls of residence       | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| C2                    | Residential institutions            | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| D1                    | Non-residential institutions        | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| D2                    | Assembly and leisure                | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| OTHER                 |                                     | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <input type="checkbox"/> |                                                                                |
| Please Specify        |                                     | <input type="checkbox"/>                           |                                                                                     | <input type="checkbox"/> |                                                                                   | <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 | Unknown                  | Total rooms proposed (including changes of use) | Unknown                  | Net additional rooms |
|----------------|--------------------------|--------------------------|----------------------------------------------------------|--------------------------|-------------------------------------------------|--------------------------|----------------------|
| C1             | Hotels                   | <input type="checkbox"/> |                                                          | <input type="checkbox"/> |                                                 | <input type="checkbox"/> |                      |
| C2             | Residential Institutions | <input type="checkbox"/> |                                                          | <input type="checkbox"/> |                                                 | <input type="checkbox"/> |                      |
| OTHER          |                          | <input type="checkbox"/> |                                                          | <input type="checkbox"/> |                                                 | <input type="checkbox"/> |                      |
| Please Specify |                          | <input type="checkbox"/> |                                                          | <input type="checkbox"/> |                                                 | <input type="checkbox"/> |                      |

## 19. Employment

N/A

Please complete the following information regarding employees:

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

## 20. Hours of Opening

N/A

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

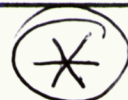
| Use | Monday to Friday | Saturday | Sunday and Bank Holidays | Not known |
|-----|------------------|----------|--------------------------|-----------|
|     |                  |          |                          |           |
|     |                  |          |                          |           |
|     |                  |          |                          |           |

## 21. Site Area

Please state the site area in hectares (ha)

0.0245 ha

(245.65 m<sup>2</sup>)



## 22. 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:

Is the proposal a waste management development? ☐ Yes ☒ No ☐ Unknown

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 no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Unknown                  | Maximum annual operational throughput in tonnes (or litres if liquid waste) | Unknown                  |
|--------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------|--------------------------|
| Inert landfill                                                     | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Non-hazardous landfill                                             | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Hazardous landfill                                                 | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Energy from waste incineration                                     | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Other incineration                                                 | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Landfill gas generation plant                                      | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Pyrolysis/gasification                                             | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Metal recycling site                                               | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Transfer stations                                                  | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Material recovery/recycling facilities (MRFs)                      | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Household civic amenity sites                                      | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Open windrow composting                                            | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| In-vessel composting                                               | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Anaerobic digestion                                                | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Any combined mechanical, biological and/or thermal treatment (MBT) | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Sewage treatment works                                             | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Other treatment                                                    | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Recycling facilities construction, demolition and excavation waste | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Storage of waste                                                   | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Other waste management                                             | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <input type="checkbox"/> |
| Other developments                                                 | <input type="checkbox"/> |                                                                                                                                                                                                | <input type="checkbox"/> |                                                                             | <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 can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

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

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

|                        |                      |                               |                      |                              |                      |
|------------------------|----------------------|-------------------------------|----------------------|------------------------------|----------------------|
| Acrylonitrile (tonnes) | <input type="text"/> | Ethylene oxide (tonnes)       | <input type="text"/> | Phosgene (tonnes)            | <input type="text"/> |
| Ammonia (tonnes)       | <input type="text"/> | Hydrogen cyanide (tonnes)     | <input type="text"/> | Sulphur dioxide (tonnes)     | <input type="text"/> |
| Bromine (tonnes)       | <input type="text"/> | Liquid oxygen (tonnes)        | <input type="text"/> | Flour (tonnes)               | <input type="text"/> |
| Chlorine (tonnes)      | <input type="text"/> | Liquid petroleum gas (tonnes) | <input type="text"/> | Refined white sugar (tonnes) | <input type="text"/> |

Other:

Other:

Amount (tonnes):

Amount (tonnes):

## 24. 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 - App

Or signed - Agent:

Date (DD/MM/YYYY):

13.02.2020

### 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 |
|-------------------------------------|---------|--------------------|
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 24. Ownership Certificates and Agricultural Land Declaration (continued)

### CERTIFICATE OF OWNERSHIP - CERTIFICATE C

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

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\* and/or agricultural tenants\*\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

\* "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

The steps taken were:

|  |
|--|
|  |
|--|

| Name of Owner / Agricultural Tenant | Address | Date Notice Served |
|-------------------------------------|---------|--------------------|
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |

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):

|  |
|--|
|  |
|--|

### CERTIFICATE OF OWNERSHIP - CERTIFICATE D

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

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.

\* "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

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 earlier than 21 days before the date of the application):

|  |
|--|
|  |
|--|

Signed - Applicant:

|  |
|--|
|  |
|--|

Or signed - Agent:

|  |
|--|
|  |
|--|

Date (DD/MM/YYYY):

|  |
|--|
|  |
|--|

## 25. 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:

Via kiosk.



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.

## 26. 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.

Signature

[Redacted Signature]

Or signed - Agent:

[Redacted Signature]

Date (DD/MM/YYYY):

19.02.2020

(date cannot be pre-application)

## 27. Applicant Contact Details

Telephone numbers

Extension

[Redacted Applicant Contact Details]

## 28. Agent Contact Details

Telephone numbers

Extension number:

Country code:

National number:

[Redacted]

[Redacted]

[Redacted]

Country code:

Mobile number (optional):

[Redacted]

[Redacted]

Country code:

Fax number (optional):

[Redacted]

[Redacted]

Email address (optional):

[Redacted]

## 29. 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:

[Redacted]

Telephone number:

[Redacted]

Email address:

[Redacted]