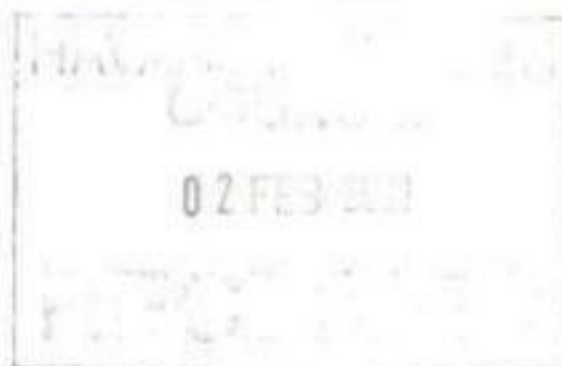




Householder Application for Planning Permission for works or extension to a dwelling and for relevant demolition of an unlisted building in a conservation area

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	MR	First name	ANTHONY		
Last name	DOWNER				
Company (optional)					
Unit		House number	51	House suffix	
House name					
Address 1	FOURTH AVENUE				
Address 2	DENVILLES				
Address 3					
Town	HAVANT				
County	HANTS				
Country					
Postcode	PO9 2QU				

2. Agent Name 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					

3. Description of Proposed Works

Please describe the proposed works:

SINGLE STOREY SIDE AND REAR ELEVATION
 REMOVAL OF EXISTING GARAGE



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 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):

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

Easting: Northing:

Description:

5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☐ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Reference:

Date (DD/MM/YYYY)

(must be pre-application submission)

Details of the pre-application advice received:

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

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

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

Do the proposals require any diversions, existing easements 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).

Shown on drawing AD/2018/01/01

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 plan(s)/drawing(s).

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

LOSS OF EXISTING GARAGE TO BE REPLACED BY ADDITIONAL PARKING SPACE

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

10. Materials

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

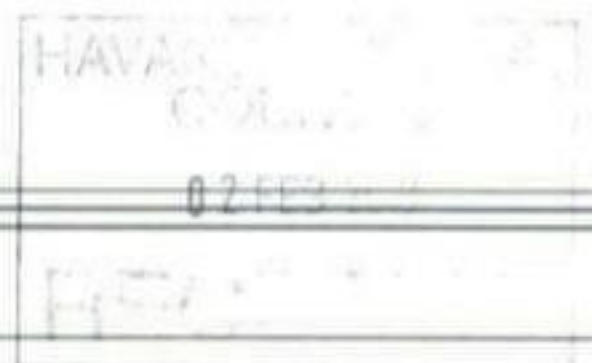
	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	FACE BRICK AND TILE HANGING	FACE BRICK AND TILE HANGING	☐	☐
Roof	GREY CONCRETE TILES	GREY CONCRETE TILES TO MATCH	☐	☐
Windows	WHITE UPVC	WHITE UPVC	☐	☐
Doors	WHITE UPVC	WHITE UPVC	☐	☐
Boundary treatments (e.g. fences, walls)			☐	☐
Vehicle access and hard-standing	CONCRETE	BLOCK PAVINGS	☐	☐
Lighting			☐	☐
Others (please specify)			☐	☐

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:

DRAWINGS REF: IAD/2018/01 to 06 Plus location plan



11. Explanation For Proposed Demolition Work

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

REMOVAL OF GARAGE

12. 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 2010 Certificate under Article 12

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, 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 55(8) of the Act.

Signed - Applicant

Or signed - Agent

Date (DD/MM/YYYY)

2/2/2018

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

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 55(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)



14. Declaration

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

Signed - Applicant

Signed - Agent

Date (DD/MM/YYYY):

2/2/2018

(date cannot be pre-application)

15. Applicant Details

Telephone numbers

Country code: National number:

Extension number:

Country code:

Country code:

Email address:

16. Agent Contact Details

Telephone numbers

Country code: National number:

Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

17. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

☐ Yes

☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

☐ Agent

☐ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

