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Application Overview

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Overview

Forms

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

*indicates a required field

*Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of an agricultural holding. ☒

(B) I have/The applicant has given the requisite notice to every person other than myself/the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below: ☐

If any part of the land is an agricultural holding, of which the applicant is the sole tenant, the applicant should complete part (B) of the form by writing 'sole tenant - not applicable' in the first column of the table below

| Notice recipient | Date notice served (DD/MM/YYYY) |
|--|---------------------------------|
| <div>Name <input type="text"/></div> <div>Number <input type="text"/> Suffix <input type="text"/></div> <div>Street <input type="text"/></div> <div>Locality <input type="text"/></div> <div>Town <input type="text"/></div> <div>Post Code <input type="text"/></div> | |
| <div>Name <input type="text"/></div> <div>Number <input type="text"/> Suffix <input type="text"/></div> <div>Street <input type="text"/></div> <div>Locality <input type="text"/></div> <div>Town <input type="text"/></div> <div>Post Code <input type="text"/></div> | |
| <div>Name <input type="text"/></div> <div>Number <input type="text"/> Suffix <input type="text"/></div> <div>Street <input type="text"/></div> <div>Locality <input type="text"/></div> <div>Town <input type="text"/></div> <div>Post Code <input type="text"/></div> | |
| <div>Name <input type="text"/></div> <div>Number <input type="text"/> Suffix <input type="text"/></div> <div>Street <input type="text"/></div> <div>Locality <input type="text"/></div> <div>Town <input type="text"/></div> <div>Post Code <input type="text"/></div> | |
| <div>Name <input type="text"/></div> <div>Number <input type="text"/> Suffix <input type="text"/></div> <div>Street <input type="text"/></div> <div>Locality <input type="text"/></div> <div>Town <input type="text"/></div> <div>Post Code <input type="text"/></div> | |

Person role

Applicant

*Title

Mr

*First name

Mark

*Surname

Harrop

*Declaration date (DD/MM/YYYY):

06/08/2012

☒

*Declaration made

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