

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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		2. Agent Name and Address	
Title:	First name:	Title: MR First name: STEVE	
Last name:		Last name: TAY LON	
Company (optional):	NEWBOCKAIL INTRUTTRUCTURE LTD.	Company (optional): NETWORK KAIL INHRASTRUTURE LTD	
Unit:	House number: House suffix:	Unit: House House suffix:	
House name:	KING'S PLACE	House name:	
Address 1:	90 YORK WAY	Address 1: I EVERIMONT STREET	
Address 2:	·	Address 2:	
Address 3:		Address 3:	
Town:	Lomon	Town: LOMON	
County:		County:	
Country:		Country:	
Postcode:	NI 9AG	Postcode: NWI 20N	

Diagra provide the full pertal address of the application site					
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?				
Unit: House House suffix:	Tes INO				
name: KINGS CROIT STATION	If Yes, please complete the following information about the advice 'you were given. (This will help the authority to deal with this				
Address 1: EVSTON ROAV	application more efficiently). Please tick if the full contact details are not				
Address 2:	known, and then complete as much as possible:				
Address 3:	Officer name: AN TONIA POWELL				
Town: LONDON	Reference:				
County:					
Postcode (optional): NI 9AP	Date (DD/MM/YYYY): (must be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:	DURING REGULAR HORITAGE				
Description:	LIAIDN MEETING				
5. Description Of Your Proposal					
Please provide a description of the approved development as shown	n on the decision letter, including the application reference number				
and date of decision in the sections below:					
REDUNDAMENT OF KIND'S CROSS STAT	$\pi \circ \sim$				
Reference number: 2006 17374 /L Date of decision: 9 11 (09 (Date must be pre-application submission) (DD/MM/YYYY)					
Please state the condition number(s) to which this application relates:					
1. CONDITION 19	6.				
2.	7.				
3.	8.				
4.					
	9.				
5.	9.				
5. Has the development already started?					
	10.				
Has the development already started?	Yes No (date must be pre-application				
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY):	Yes No (date must be pre-application submission) Yes No (date must be pre-application)				
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM)	Yes No (date must be pre-application submission) Yes No (date must be pre-application (date must be pre-application)				
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed?	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission)				
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM) 6. Discharge Of Condition	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission)				
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM) 6. Discharge Of Condition Please provide a full description and/or list of the materials/details to	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission)				
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM) 6. Discharge Of Condition Please provide a full description and/or list of the materials/details to the materials/details/details/details/details/details/details/details/details/details/deta	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission)				
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Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM) 6. Discharge Of Condition Please provide a full description and/or list of the materials/details to the materials/details/details/details/details/details/details/details/details/details/deta	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission) that are being submitted for approval:				

3. Planning Application Requirements - Checklist					
Please read the following checklist to make sure you hav	ve sent all the i	information in support of your proposal. Failure to submit all alid. It will not be considered valid until all information required by			
3 copies of a completed and dated application form:		3 copies of other plans and drawings or information necessary to describe the subject of the application:			
9. Declaration					
	escribed in thi	is form and the accompanying plans/drawings and additional			
Signed - Applicant:		Or signed Agent:			
		Mh.			
Date (DD/MM/YYYY):		\bigcup			
(date cannot be pre-app	nlication)				
- Carte connected picture	J				
10. Applicant Contact Details		11. Agent Contact Details			
Telephone numbers		Telephone numbers			
	Extension	Extension			
Country code: National number:	number:	Country code: National number: number:			
Country code: Mahillana sharina ()		00 7904 7419			
Country code: Mobile number (optional):		Country code: Mobile number (optional):			
Country code: Fax number (optional):	,	Country code: Fax number (optional):			
Country code. Pax Humber (optional):		Country code: Fax number (optional):			
Email address (optional):	i 1	Email address (optional):			
Ernan doutes (optional).		steven.taylarenehibarrail.co.ux			
		OTEVENTIAN EVENTAGE TO TO			
12. Site Visit					
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No					
the planning authority needs to make an appointment to carry but a site visit, whom should they contact? (Please select only one) Agent Applicant Other (if different from the agent/applicant's details)					
Other has been selected, please provide: Contact name: Telephone number:					
COTTACT HAITE,		releptione number.			

Email address: