## Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) 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:                        | MD First name: GYAN               | -  |  |  |
| Last name                     | : BAN CHERO                       |  |  |  |
| Company<br>(optional)         |                                   |  |  |  |
| Unit:                         | House number: 10 House suffix: 15 | Wildeholtstannen   |  |  |
| House<br>name:                | Sully, 12                         | NATIONAL PROPERTY OF THE PROPE |  |  |
| Address 1:                    | EUZABEM MEWS                      | description (sea season)   |  |  |
| Address 2:                    |                                   | Perins Commission Street, Square,  |  |  |
| Address 3:                    |                                   |  |  |  |
| Town:                         | CONSON                            |  |  |  |
| County:                       |                                   |  |  |  |
| Country:                      |                                   | No. of Particular Section 1997   |  |  |
| Postcode:                     | NW3 GTL                           | Министранической   |  |  |

| 2. Agent Name and Address |  |  |  |  |
|---------------------------|--|--|--|--|
| Title:                    | MP First name: STEVEN                              |  |  |  |
| Last name:                | ADAMS  |  |  |  |
| Company<br>(optional):    | STEVEN ABOVES ADVANTEDS.                           |  |  |  |
| Unit:                     | House number: 78 House suffix: \$\\ \extstyle{1}\$ |  |  |  |
| House<br>пате:            |  |  |  |  |
| Address 1:                | ENGUANDS VANE                                      |  |  |  |
| Address 2:                |  |  |  |  |
| Address 3:                |  |  |  |  |
| Town:                     | romon  |  |  |  |
| County:                   |  |  |  |  |
| Country:                  |  |  |  |  |
| Postcode:                 | UW3 4UE  |  |  |  |

| 3. Site Address Details   | A Dro and the state of the stat |  |  |  |
|---|--|--|--|--|
| Please provide the full postal address of the application site.   | 4. Pre-application Advice Has assistance or prior advice been sought from the local  |  |  |  |
| Unit: House number: 10 House suffix:  | authority about this application?  |  |  |  |
| House name:   | If Yes, please complete the following information about the advice   |  |  |  |
| Address 1: EUZABEM MEWS   | application more efficiently).   |  |  |  |
| Address 2:  | Please tick if the full contact details are not known, and then complete as much as possible:  |  |  |  |
| Address 3:  | Officer name:  |  |  |  |
| Town: LOWDON  |  |  |  |  |
| County:   | Reference:   |  |  |  |
| Postcode (optional): NWJ GTL  |  |  |  |  |
| Description of location or a grid reference   | Date (DD/MM/YYYY): (must be pre-application submission)  |  |  |  |
| (must be completed if postcode is not known):   | Details of pre-application advice received?  |  |  |  |
| Easting: Northing: Description:   |  |  |  |  |
| Description:  |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| 5. Description Of Your Proposal   |  |  |  |  |
| Please provide a description of the approved development as shown and date of decision in the sections below: | on the decision letter, including the application reference number   |  |  |  |
| MSTO PATAL AT ADAI THOSE DO MAI   | the application reference number   |  |  |  |
| CONSTRUCTION OF NOW PROSTEURO   | E SIGNET LEAN-TO CONSOLUTION   |  |  |  |
|   | ERIENSIW.  |  |  |  |
| Reference number: W4 1967 Date of decision:   | 22 - 20 - 1 /0-1-  |  |  |  |
| Please state the condition number(s) to which this application relates  | 23.5.2014 (Date must be pre-application submission) (DD/MM/YYYY)   |  |  |  |
| 1. 4  | :  |  |  |  |
| 2.  | 6.   |  |  |  |
|   | 7.   |  |  |  |
| 3.  | 8.   |  |  |  |
| 4.  | 9.   |  |  |  |
| 5.  | 10.  |  |  |  |
| Has the development already started?  |  |  |  |  |
|   | ☐ Yes ☐ No   |  |  |  |
| f Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)      |  |  |  |  |
| las the development been completed?   | Yes No   |  |  |  |
| f Yes, please state when the development was completed (DD/MM/Y)  |  |  |  |  |
| Discharge Of Condition  |  |  |  |  |
| lease provide a full description and/or list of the materials/details that                                    |  |  |  |  |
| and the materials well as   | are being submitted for approval.  |  |  |  |
| ACTION ALEMAN STATION   |  |  |  |  |
| ACROPHICACIONEM TURINOMINATORIA   | are being submitted for approval:  70.6.2014   |  |  |  |
| MEMOD SINEMEN   |  |  |  |  |
| Part Discharge Of Condition(s)  |  |  |  |  |
| Part Discharge Of Condition(s) The you seeking to discharge only part of a condition?                         | V MAD 30.6.2014  |  |  |  |
| Part Discharge Of Condition(s)  | V MAD 30.6.2014  |  |  |  |
| Part Discharge Of Condition(s) The you seeking to discharge only part of a condition?                         | V MAD 30.6.2014  |  |  |  |

| 8. 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 has been submitted. |  |  |  |  |  |
|--|--|--|--|--|--|
| The original and 3 copies of a Completed and dated application form:   | original and 3 copies of other plans and drawings  nformation necessary to describe the subject of the application:  |  |  |  |  |
| The correct fee:   |  |  |  |  |  |
| 9. Declaration  I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.  Signed - Applicant:  Date (DD/MM/YYYY):  (date cannot be pre-application)  | his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the  Or signed - Agent:  |  |  |  |  |
| 10 Applicant Control Dataile   |  |  |  |  |  |
| 10. Applicant Contact Details  | 11. Agent Contact Details  |  |  |  |  |
| Telephone numbers  | Telephone numbers  |  |  |  |  |
| Country code: National number: Extension number:   | Country code: National number:  44  0007722 7364  Extension number:  |  |  |  |  |
| Country code: Mobile number (optional):  | Country code: Mobile number (optional):  07978 278 270   |  |  |  |  |
| Country code: Fax number (optional):   | Country code: Fax number (optional):   |  |  |  |  |
| Email address (optional):  | Email address (optional):  |  |  |  |  |
| (Free con  | staxadamsarce ast. com.  |  |  |  |  |
|  | Castes and the Castes |  |  |  |  |
| 12. Site Visit   |  |  |  |  |  |
| Can the site be seen from a public road, public footpath, bridleway or other public land?  |  |  |  |  |  |
| If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? ( <i>Please select only one</i> )  | Agent Applicant Other (if different from the agent/applicant's details)  |  |  |  |  |
| if Other has been selected, please provide:  |  |  |  |  |  |
| Contact name:  | Telephone number:  |  |  |  |  |
|  |  |  |  |  |  |

Email address: