## 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		2. Agent Name and Address		
Title:	First name:	Title:	MR First name: JON	
Last name:	SECRETARY OF STATE	Last name:	ALLMAN	
Company (optional):	MINISTRY OF DEFENCE	Company (optional):	PKA	
Unit:	House House suffix:	Unit:	/ House / House suffix: /	
House name:	WHITEHALL	House name:	THE MALTHOUSE	
Address 1:	MAIN BUILDING	Address 1:	SYPNEY BUILDINGS	
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	LONDON	Town:	BATH	
County:		County:	SOMERSET	
Country:	UNITED KINGDOM	Country:	UNITED KINGDOM	
Postcode:	SWIA ZHB	Postcode:	BAZ 6BZ	

3. Site Address Details	4. Pre-application Advice		
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?		
onit: suffix;			
House name: SITE CENTRAL	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		
Address 1: REGENTS PARK BARRACKS			
Address 2: ALBANY STREET	known, and then complete as much as possible:		
Address 3: CAMPEN	Officer name:		
Town: LONDON	Reference:		
County:	The second secon		
Postcode NWI 4AL	Date (DD/MM/YYYY):		
Description of location or a grid reference.	(must be pre-application submission)		
(must be completed if postcode is not known):	Details of pre-application advice received?		
Easting: Northing:			
Description:			
5. Description Of Your Proposal			
and date of decision in the sections below:	n on the decision letter, including the application reference number		
EFECTION OF TWO STOREY EXTEN	USION TO SITE CENTRAL BUILDING ENCE SUITE (CLASS BIA), EFECTIONS OF		
FOR USE AS OFFICES AND CONFERE	ENCE SUITE (CLASS BIA), EFECTIONS OF LLATON OF PLANT AND PHOTOVOLTAIC PANEL		
Reference number: Z012/6550/? Date of decision:			
Please state the condition number(s) to which this application relate			
1. CONPITION S	6.		
2.	7.		
3.	8.		
4.	9.		
5.	10.		
Has the development already started?	Yes No		
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)		
Has the development been completed?	Yes No		
5	(data must be ass application		
If Yes, please state when the development was completed (DD/MM	submission)		
6. Discharge Of Condition			
Please provide a full description and/or list of the materials/details t	hat are being submitted for approval:		
EVIPENCE OF EMPLOTHENT OF SUIT.	ABLY QUALIFIED ENGINEER:		
WORKS OFFER PATED 13,05,13, E-ME	VIL CONGRAING QUALIFICATIONS		
7. Part Discharge Of Condition(s)			
Are you seeking to discharge only part of a condition?	☐ Yes ☑No		
If Yes, please indicate which part of the condition your application re			
The state of the s			

	ke sure you have sent all the oplication being deemed in	e information in support of your proposal. Failure to subm valid. It will not be considered valid until all information re		
The original and 3 copies of a completed and dated application form:	The or in	original and 3 copies of other plans and drawings		
The correct fee:	Ø	and the subject of the application		
9. Declaration I/we hereby apply for planning permissic information. I/we confirm that, to the be- genuine opinions of the person(s) giving Signed - Applicant:	st of my/our knowledge, any	his form and the accompanying plans/drawings and addition facts stated are true and accurate and any opinions given Or signed - Agent:	ional are the	
Date (DD/MM/YYYY): 19 , 06 , 13 (date car	nnot be pre-application)			
10. Applicant Contact Details Telephone numbers Country code: National number: Country code: Mobile number (optional): Fax number (optional):		Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):	Extension number:	
Email address (optional):		Email address (optional): jon, other Odka. w. x		
12. Site Visit  Can the site be seen from a public road, If the planning authority needs to make out a site visit, whom should they contact If Other has been selected, please provide	an appointment to carry ct? (Please select only one)	or other public land? Yes No Agent Applicant Other (if differ		

KEITH EVANS

Email address:

07920 537780