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:	ML First name: THOMAS			
Last name:	KANE			
Company (optional):	LEANGLADE LTD			
Unit:	House number: 72 House suffix:			
House name:				
Address 1:	FIELDING ROAD			
Address 2:	CHISWICK			
Address 3:				
Town:	hedhai			
County:				
Country:				
Postcode:	W4 10B			

Title:	MR	First name:	STEPHEN			
Last name:	RICKHARDS					
Company (optional):	BURKE RICKHARDS LTD					
Unit:	House number: 91 House suffix:					
House name:	DEVCOR HOUSE					
Address 1:	NORTH HILL					
Address 2:						
Address 3:						
Town:	PLYMOUTH					
County:	DEVON					
Country:						
Postcode:	PL4 83	Ţ.				

2. Agent Name and Address

3. Site A	ddress Details			4. F	Pre-application Advice
Please provide the full postal address of the application site.			plication site.	Has	is assistance or prior advice been sought from the local
Unit:	House number	. 3-11	House suffix:	auth	thority about this application?
House name:	Hamber	• L	_ Sullix. [If Yes	es, please complete the following information about the adv
Address 1:				appli	u were given. (This will help the authority to deal with this plication more efficiently). Pase tick if the full contact details are not
Address 2:	CLERKENNE			knov	own, and then complete as much as possible:
Address 3:				Offic	ficer name:
Town:	LONDON		Refe	ference:	
County:					
Postcode (optional):			' (musi	Date (DD/MM/YYYY): ust be pre-application submission)	
(must be co	mpleted if postcode	reference. is not known):		11	tails of pre-application advice received?
Easting:		Northing:			
Description	•	Leonic Le			
L][
5. Descrip	otion Of Your Pr	oposal			
Please provi		the approved de	evelopment as show	n on the	ne decision letter, including the application reference numbe
ERECTION	OF A ROOF LEVEL	EXTENSION	AND PROVISION O	F RÉSIO	IDENTIAL ACCOMODATION (CLASS C3) AT
1.566(0431) . 4	THEOD AND NIGHT	I Y CERPARD I	MOLETH HLONE I FOU	nei de .	ARADIOC COUCT CO C
OFFICE	SÉ (CLASS 61)	AND PROVINC	N OF OFFICE (W	(55 BI) A	ROM ONE SELF CONTAINED FLATS (ZXIBE) ROM ONE SELF CONTAINED RESIDENTIAL UNIT TO ACCOMODATION AT LOWER CROWN AND FIRST FLOOR
Reference nu	1		Date of decision:		(Date must be pre-application submission) (DD/MM/YYYY)
Please state	the condition numb	er(s) to which t	his application relate	25:	
1.				6.	
2.				7.	
3.		٠, ۵		8.	LIFETIME HOMES
4.				9.	
5.				10.	
Has the deve	lopment already sta	irted?		Venezazzan	Yes No
If Yes, please	If Yes, please state when the development started (DD/MM/YYYY):				(date must be pre-application submission)
Has the development been completed?				Amountained Sections of the Company	
If Yes, please	state when the dev	elopment was o	completed (DD/MM/	YYYY): <u></u>	(date must be pre-application submission)
6. Dischar	ge Of Condition				
Please provid	e a full description a	ind/or list of the	materials/details th	at are be	peing submitted for approval:
LIFETIME	HOMES REP	ORT AND	ALL CORRESPO	NO W	OG FLOOR PLANS. DRAWINGS 2156/360 2156/365'
7. Part Disa	charge Of Condi	tion(s)			
			tion?		
Are you seeking to discharge only part of a condition? [Yes V No Yes, please indicate which part of the condition your application relates to:					

3. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all tinformation required will result in your application being deemed the Local Planning Authority has been submitted.	the information in support of your proposal. Failure to submit all invalid. It will not be considered valid until all information required by						
The original and 3 copies of a The completed and dated application form: Or	The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:						
The correct fee:							
9. Declaration I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, as genuine opinions of the person(s) giving them. Signed - Applicant:	this form and the accompanying plans/drawings and additional ny facts stated are true and accurate and any opinions given are the Or signed - Agent:						
Date (DD/MM/YYYY):							
13/04/2015 (date cannot be pre-application)							
10. Applicant Contact Details	11. Agent Contact Details						
Telephone numbers	Telephone numbers						
Country code: National number: Extension number:	Country code: National number: Extension number:						
Country code: Mobile number (optional):	Country code: Mobile number (optional):						
Country code: Fax number (optional):	Country code: Fax number (optional):						
Email address (optional):	Email address (optional):						
12. Site Visit							
Can the site be seen from a public road, public footpath, bridleway o	or other public land? Yes No						
f 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						
f Other has been selected, please provide:	agent/applicant's details)						
Contact name:	Telephone number:						

Email address: