

The Planning Inspectorate

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For official use only Date received

HOUSEHOLDER PLANNING APPEAL FORM

If you need this document in large print, in audio format, or in Braille, please contact our helpline on 0117 372 6372. To help you fill in this form correctly please refer to the enclosed guidance leaflet "How to complete your householder planning appeal form".

WARNING: The appeal **and** essential supporting documents **must** reach the Inspectorate within 12 weeks of the date shown on the Local Planning Authority's decision notice. **If your appeal and essential supporting documents are not received in time we will not accept the appeal.**

PLEASE PRINT CLEARLY IN CAPITALS USING BLACK INK

Name MR J WALD Organisation name (if applicable) Address Postcode Daytime phone Fax I prefer to be contacted by Post Email * * Email address B. AGENT DETAILS (IF ANY) FOR THE APPEAL See section B of the guidance leaflet. Name MR ANTHONY KEEN BA, MSc, Dip TR, Dip Rhil MR LCS, MRTPI Organisation name (if applicable) Address Your reference Daytime phone I prefer to be contacted by Post Fmail * * Email address Fax See section B of the guidance leaflet. Fax Fax * Email address		section A of the gu ppeal must appear a	idance leaflet. The san applicant on th	name of the perso e planning applicati	n(s) mak on form.
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Note: Failure to provide the full postcode may delay the processing of your appeal. Please answer the questions below: 1 Is the appeal site within a Green Belt? 2 Could the Inspector see the relevant parts of the appeal site sufficiently to judge the proposal from public land? 3 Are there any health and safety issues at, or near, the site which the Inspector would need to take into account when visiting the site? If yes, please describe them on a separate sheet. E. DESCRIPTION OF THE DEVELOPMENT See section E of the guidance leaflet. Has the description of the development changed from that on the application form? Yes No SINGE STOREY GROUND PLOOP. REAR EXTENSION Area of floor space of proposed development in square metres APPROX 26.0 F. REASON FOR THE APPEAL See section F of the guidance leaflet. The reason for this appeal is that the LPA has (please tick which applies): 1 Refused planning permission 2 Refused permission to vary a condition(s).	D. APF	PEAL SITE ADDRESS	See section D of the guidance leaflet.
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H. (part one) SIT	E OWNERSHIP CERTIFICATES	This must be completed for all appeals. See section H of the guidance leaflet.
We need to know who o part of it, we need to kn have told them that you	wns the appeal site. If you do not own the appea ow the name(s) of the owner(s) or part owner(s have made an appeal.	al site or if you own only a and be sure that you
You must tick below wh	ich of the "certificates" applies.	
		Please tick ONE box only ✓
If you are the sole owner of	of the whole appeal site, certificate A will apply:	,
CERTIFICATE A		A
I certify that, on the day 2 of any part of the land to v	f 1 days before the date of this appeal, nobody except which the appeal relates:	the appellant, was the owner
*	OR	
CERTIFICATE B		В
I certify that the appellant else who, on the day 21 da the appeal relates, as liste	(or the agent) has given the requisite notice (see <i>Gu</i> ays before the date of this appeal, was the owner of a d below:	idance Notes) to everyone
Owner's name	Address at which the notice was served	Date the notice was served (this must be within the last 21 days)
Parameter and control of the control of the feet and control or the feet and control of the cont	TO THE A STATE OF THE PROPERTY AND ADMINISTRATE ADMINISTRATE AND ADMINISTRATE AND ADMINISTRATE AND ADMINISTRATE ADMINISTRATE ADMINISTRATE AND ADMINISTRATE AND ADMINISTRATE ADMINISTRATE ADMINISTRATE AND ADMINISTRATE ADM	
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CERTIFICATES C & D	OR	
Certificate D in the guidance	wns all or part of the appeal site, complete either Cert ce leaflet and attach it to the appeal form.	ificate C or C/D
H. (part two) AGR	ICULTURAL HOLDINGS CERTIFICATE	for all appeals. See section H of the guidance leaflet.
We need to know wheth Please tick either (a) or	ner the appeal site forms part of an agricultural (holding.
(.,	(-7	Please tick ONE box only ✓
a) None of the land to w	hich the appeal relates is, or is part of, an agricultura	l holding:
a) None of the land to w		i floiding:
b) The appeal site is, or	OR is part of, an agricultural holding and the appellant (o	or the peept)
has given the requisite 21 days before the da	e notice to every person (other than the appellant) with the appeal, was a tenant of an agricultural holding the appeal relates as listed below:	ho, on the day
Please note: If the appellabe written under "Tenant's	nt is the sole agricultural tenant, (b) should be ticked name".	and 'not applicable' should
Tenant's name	Address at which the notice was served	Date the notice was served (this must be within the last 21 days)
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I. ESSENTIAL SUPPORTING DOCUMENTS

See section I of the guidance leaflet.

If we do not receive both your appeal documents by the end of the 12 week appeal period we will not accept your appeal.

You must send the documents listed below with your appeal form. Please tick the boxes to confirm the documents are enclosed.

1 A copy of the original planning application form sent to the LPA.

V

2 A copy of the LPA's decision notice.

2 V

J. OTHER APPEALS

See section J of the guidance leaflet.

If you have sent other appeals for this or nearby sites to us and these have not been decided, please give details and our reference numbers.

K. CHECK SIGN AND DATE

See section K of the guidance leaflet.

Please tick the boxes to confirm that the following actions have been carried out.

- I have completed all sections of the form and the details of the ownership (sections H, parts one and two) are correct to the best of my knowledge.
- 2 I have enclosed **both** the essential supporting documents listed in section I.
- 3 I have enclosed my grounds of appeal (if not given in section G).

- 4 I have sent a copy of this appeal form and relevant documents to the LPA (if you do not we will not normally accept your appeal).
- 5 I have signed and dated the form (unsigned forms will be returned to you).

V

V

Signature

C. S. E. I. N

Date 0 9 11 1 1 8

Name (in capitals)

On behalf of (if applicable)

ANTHONY KEEN

MR J. WALD



The gathering and subsequent processing of the personal data supplied by you in this form, is in accordance with the terms of our registration under the Data Protection Act 1998. Further information about our Data Protection policy can be found on our website under "Privacy Statement" and in the guidance leaflet.

L. NOW SEND

See section L of the guidance leaflet.

1 COPY to us at:

1 COPY to the LPA

1 COPY for you to keep

The Planning Inspectorate
Scanning Team (Householder Appeals)
Temple Quay House
2 The Square
Temple Quay
Bristol
BS1 6PN

Helpline: 0117 372 6372

When we receive your appeal form, we will write to you letting you know if your appeal is valid, who is dealing with it and what happens next.

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