

South Hams
District Council

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SOUTH HAMS DISTRICT COUNCIL
PLANNING DEPARTMENT

Householder Application for Planning Permission for works or extension to a dwelling.
Town and Country Planning Act 1990

12 SEP 2008

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

| | | | |
|---------------------|--------------------|-------------|---------------|
| Title: | MR & MRS | First name: | A |
| Last name: | BELL | | |
| Company (optional): | | | |
| Unit: | House number: | 2 | House suffix: |
| House name: | | | |
| Address 1: | HIGHER WARREN ROAD | | |
| Address 2: | | | |
| Address 3: | | | |
| Town: | KINGSBRIDGE | | |
| County: | DEVON | | |
| Country: | | | |
| Postcode: | TQ7 1LG | | |

2. Agent Name and Address

| | | | |
|---------------------|----------------------|-------------|---------------|
| Title: | MR | First name: | ALEX P |
| Last name: | GATH | | |
| Company (optional): | APG DESIGN | | |
| Unit: | House number: | 8 | House suffix: |
| House name: | ABBOTS QUAY | | |
| Address 1: | PRINCE OF WALES ROAD | | |
| Address 2: | | | |
| Address 3: | | | |
| Town: | KINGSBRIDGE | | |
| County: | DEVON | | |
| Country: | | | |
| Postcode: | TQ7 1DY | | |

3. Description of Proposed Works

Please describe the proposed works

PROPOSED ALTERATION & EXTENSION INCLUDING REPLACEMENT CONSERVATORY

3. Description of Proposed Works (continued)

Has work already started? Yes No

If Yes, please state when the work was started (DD/MM/YYYY):

(date must be pre-application submission)

Has the work already been completed? Yes No

If Yes, please state when the work was completed (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

5. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? Yes No

Is a new or altered pedestrian access proposed to or from the public highway? Yes No

Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No

If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s)

6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

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 known, and then complete as much possible:

Officer name:

Reference:

Date (DD MM YYYY):
(must be pre-application submission)

Details of the pre-application advice received:

7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your boundary? Yes No

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings

Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No

If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale

8. Parking

Will the proposed works affect existing car parking arrangements? Yes No

If Yes, please describe

9. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the council? Yes No

If Yes, please provide details

10 Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

| | Existing (where applicable) | Proposed | Not applicable | Don't Know | Drawing references if applicable |
|--|--------------------------------|----------|-------------------------------------|--------------------------|--|
| Walls | RENDER | RENDER | <input type="checkbox"/> | <input type="checkbox"/> | |
| Roof | TILES | TILES | <input type="checkbox"/> | <input type="checkbox"/> | |
| Windows | PVC U | PVC U | <input type="checkbox"/> | <input type="checkbox"/> | |
| Doors | PVC U | PVC U | <input type="checkbox"/> | <input type="checkbox"/> | |
| Boundary treatments (e.g. fences, walls) | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Vehicle access and hard-standing | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Lighting | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Others (please specify) RAINWATER GOODS | PVC U | PVC U | <input type="checkbox"/> | <input type="checkbox"/> | |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

Yes No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

**MEASURED SURVEY & PLANNING PROPOSAL DRAWINGS ATTACHED
DESIGN & ACCESS STATEMENT ATTACHED**