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

## 'ublication of applications on planning authority websites

'lease 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.

lease complete using block capitals and black ink.

is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

. Applicant Name and Address	2. Agent Name and Address
itle: MS First name: AMANDA	Title: MD. First name: CRAG
ast name: GTGG/E	Last name: AVXXXXXXX
company optional):	Company (optional):
Init: House number: 22 House suffix:	Unit: House フラ House suffix:
louse name:	House name:
Address 1: ACCESS ROAD	Address 1: ROSS MO RE GARDENS
Address 2:	Address 2:
Address 3:	Address 3:
own: WEST DERBY	Town: ALXIBLD
County:	County:
Country:	Country:
Postcode: UZ 47N.	Postcode: UH 7TE

3. Site Address Details	4. Pre-application Advice
Please provide the full postal address of the application site.  House House	Has assistance or prior advice been sought from the local authority about this application?
number: suffix:	
House in the same	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: LAND ADJANALT TO 24 ACCESS ROAD	application more efficiently).  Please tick if the full contact details are not
Address 2:	known, and then complete as much as possible:
Address 3:	Officer name:
Town: WEST DELBY	Reference:
County:	
Postcode (optional): U2 4YN	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:	i i
5. Description Of Your Proposal	
and date of decision in the sections below:	n on the decision letter, including the application reference humber
To beter 440 DWBUH65	i i
	". 
	(Date must be pre-application
Reference number: $090/100$ Date of decision:	submission) (DD/MM/YYYY)
Please state the condition number(s) to which this application relate	
1. 4 - SEE AFTACHED RUNN- AJOIT	6. 12-SEE ATTOCHES PURE Nº AJO13.
2. 5- ROX - GRANTIBULY ROX TIVE BY REDUCED	7.
1. 4 - SEE ATTACHED PLANNE- AJ 013 2. 5- WARDS - LEXINISTON FOCE BRICK BY ALAPORT 3. DOORS / WILLDOWS - WHITE UPIC.	8.
4. 6-SEE ATTACHED NOTE	9.
5. 7-SEE ATTOMED PLAN NO AJOIS	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 V No
If Yes, please state when the development was completed (DD/MM)	/YYYY): (date must be pre-application submission)
5. Discharge Of Condition	
Please provide a full description and/or list of the materials/details t	hat are being submitted for approval:
	ļ!
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	elates to:
	1
e 14 1	A

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:	riginal and 3 copies of other plans and drawings ormation necessary to describe the subject of the application:	
The correct fee:		
9. Declaration /we hereby apply for planning permission/consent as described in this information. I/we confirm that, to the best of my/our knowledge, any figenuine opinions of the person(s) giving them.	acts stated are true and accurate and any opinions given are the	
Signed - Applicant:	Or signed - Agent:	
Date (DD/MM/YYYY):  0 3 03 2015 (date cannot be pre-application)		
10. Applicant Contact Details	11. Agent Contact Details	
Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):	Country code: National number:  Country code: Mobile 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 or f the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) f Other has been selected, please provide:  Contact name:	other public land? Yes No  Applicant Other (if different from the agent/applicant's details)  Telephone number:	
Email address:		