

UTTLESFORD DISTRICT COUNCIL

Council Offices, London Road, Saffron Walden, Essex CB11 4ER Telephone (01799) 510510
Textphone Users 18001
Email planning@uttlesford.gov.uk
Website www.uttlesford.gov.uk

Householder Application for Planning Permission for works or extension to a dwelling and conservation area consent. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas Act) 1990

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. Applic	ant Name and Address	2. Agent Name and Address
Title:	First name:	Title: First name:
Last name:		Last name:
Company (optional):		Company (optional):
Unit:	House House number: suffix:	Unit: House House suffix:
House name:		House name:
Address 1:		Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:		Town:
County:		County:
Country:		Country:
Postcode:		Postcode:
3. Descri	ption of Proposed Works	
	ribe the proposed works:	

3. Description of Proposed Works (continued)	
Has the 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 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	5. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit: House house suffix:	authority about this application? Yes No
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1:	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:	
County: Postcode	Reference:
(optional):	Date (DD/MM/YYYY):
(must be completed if postcode is not known):	(must be pre-application submission)
Easting: Northing: Description:	Details of the pre-application advice received:
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Trees and Hedges
Is a new or altered vehicle access proposed to or from the public highway? Yes No	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
Is a new or altered pedestrian access proposed to or from the public highway? Yes No	plan and state the reference number of any plan(s)/drawing(s):
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)	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 work existing car parking arra		9. Council Employee / Member Is the applicant or agent related to any member of staff or elected member of the council? If Yes, please provide details:				
If Yes, please describe:						
10. Materials If applicable, please sta	te what materials are to be used externally	. Include type, colour and name for each m	aterial	:		
	Existing (where applicable)	Proposed	Not applicable	Don't Know		
Walls						
Roof						
Windows						
Doors						
Boundary treatments (e.g. fences, walls)						
Vehicle access and hard-standing						
Lighting						
Others (please specify)						
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:						
11. Explanation For Proposed Demolition Work Why is it necessary to demolish all or part of the building(s) and or structure(s)?						
	,					

12. Certificates				
One certificate A, B, C, or D must be o				vith this application form
Certificate under Article 7 o	f the Town and	E OF OWNERSHIP - CEI Country Planning (Gen	neral Development Procedur	e) Order 1995 &
Regulation 6 of to I certify/The applicant certifies that on	ne Planning (Lis	ted Buildings and Cons	servation Areas) Regulations	s 1990
owner (owner is a person with a freehold	l interest or leasel	hold interest with at least	t 7 years left to run) of any pai	rt of the land or building to
which the application relates.				C
Signed - Applicant:		Or signed - Agent:	Date (DD/MM/YYYY):	
Certificate under Article 7 or Regulation 6 of th I certify/ The applicant certifies that I ha 21 days before the date of this application (eff to run) of any part of the land or build	f the Town and one Planning (List ve/the applicant on, was the owne	ted Buildings and Cons has given the requisite r (owner is a person with	eral Development Procedure ervation Areas) Regulations notice to everyone else (as list	s 1990 ted below) who, on the day
Name of Owner		Address		Date Notice Served
Signed - Applicant:	Or signed - Agent:			Date (DD/MM/YYYY):
Certificate under Article 7 or Regulation 6 of the Regulation 6 of	ne Planning (List ed for this applic n to find out the i	ted Buildings and Cons ation names and addresses of	eral Development Procedur ervation Areas) Regulations the other owners (owner is a p ng, or of a part of it, but I have	s 1990 Derson with a freehold
Name of Owner		A .l.l		Date Notice Served
Name of Owner		Address		
Notice of the application has been public	shod in the faller	wing nowenance	On the following date (w)	hich must not be earlier
Notice of the application has been publi (circulating in the area where the land is	situated):	wing newspapel	On the following date (wheel) than 21 days before the d	date of the application):
	•			· · · ·
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
		1		

12 Cortificatos (continued)				
Regulation 6 of to 1 certify/ The applicant certifies that: \$ Certificate A cannot be issued for this All reasonable steps have been taken this application, was the owner (own the land to which this application re	of the Town and he Planning (Lis is application n to find out the ner is a person wit	sted Buildings and Conser names and addresses of ev tha freehold interest or lease	ral Development Procedure) Evation Areas) Regulations 19 Everyone else who, on the day 2 thold interest with at least 7 years	990 1 days before the date of
The steps taken were:				
Notice of the application has been publi (circulating in the area where the land is	ished in the follows situated):	wing newspaper	On the following date (white than 21 days before the date	ch must not be earlier te of the application):
C'anada Anal'asah		On class of Assess		D. L. (DD // MA / 0.000
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
Town and Country Dian	AGRICUL	TURAL HOLDINGS CERTIF	FICATE Order 1995 Certificate under	Article 7
Agricultural Land Declaration - You Must	t Complete Either	r A or B		Article /
(A) None of the land to which t Signed - Applicant:	ne application re	elates is, or is part of, an agri Or signed - Agent:	icultural holding.	Date (DD/MM/YYYY):
B) I have/ The applicant has gi	yon the requisite	notice to every person oth	er than myself/ the applicant	who on the day 21 days
before the date of this application, was a	tenant of an agr	cicultural holding on all or p	part of the land to which this ap	oplication relates,
as listed below: Name of Tenant		Address		Date Notice Served
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
3 11				
13. Planning Application Requi	rements - Ch	ecklist		
Please read the following checklist to mainformation required will result in your a the Local Planning Authority has been su	pplication being	e sent all the information in deemed invalid. It will not	support of your proposal. Fai be considered valid until all ir	lure to submit all Iformation required by
4 copies of a completed and dated application form:	4 copies o	of a design and access t where proposed	The correct fee:	
4 copies of a plan which identifies	works fall	within one of the designated areas:	4 copies of the comp 7 Certificate (Agricul	
the land to which the application relates drawn to an identified scale	→ National	l Park	4 copies of the comp	
and showing the direction of North.	Conserv	pecial scientific interest ation area	Ownership Certificat	te
4 copies of other plans and drawings or information necessary to describe		outstanding natural beauty eritage Site	, (A, B, C or D - as app	ilicable).
the subject of the application:	• The Broa			
14. Declaration		and a decide of the second		
I/we hereby apply for planning permission information.				
Signed - Applicant:	Or sign	ed - Agent:	Date (DD/MM)	
				(date cannot be pre-application)

15. Applican	t Contact Details		16. Agent Co	ontact Details			
Telephone numb	bers		Telephone num	bers			
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 (opt	ional):		
Email address (o	ptional):		Email address (c	optional):			
17. Site Visit							
Can the site be se	een from a public road, public footpath	n, bridleway or	other public land	? Yes	☐ No		
If 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 planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)							
	n selected, please provide:		Talanhana numl	hori			
Contact name:			Telephone numl	per:			
Email address:							