

**Application for Outline Planning Permission With Some Matters Reserved.**  
**Town and Country Planning Act 1990**

Please complete using block capitals and black ink.

**1. Applicant Name and Address**

Title:  First name:

Last name:

Company (optional):

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

**2. Agent Name and Address**

Title:  First name:

Last name:

Company (optional):

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

### 3. Description of the Proposal

Please indicate those reserved matters for which approval is being sought (tick all that apply):

- None       Access       Appearance       Landscaping       Layout       Scale

Please describe the proposed works:

Has the building work or change of use already started?       Yes       No

If Yes, please state the date when building work, or use were started (DD/MM/YYYY):            (date must be pre-application submission)

Has the building work, or change of use been completed?       Yes       No

If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY):            (date must be pre-application submission)

For applications made on or after 1 August 2021, is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)?       Yes       No

#### 4. Site Address Details

Please provide the full postal address of the application site.

Units	<input type="text"/>	House Number:	<input type="text"/>	House Suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	<input type="text"/>				
Address 2:	<input type="text"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text"/>				
County	<input type="text"/>				
Postcode (optional)	<input type="text"/>				

Description of location or grid reference.  
(must be completed if postcode is not known):

Easting:  Northing:

Description:

#### 5. 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 as possible:

Officer name:

Reference:

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

Details of pre-application advice received?

#### 6. 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  Unknown

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

Are there any new public roads to be provided within the site?  Yes  No  Unknown

Are there any new public rights of way to be provided within or adjacent to the site?  Yes  No  Unknown

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

If you answered Yes to any of the above questions, please show details on your plan(s)/drawing(s) and state the reference of the plan(s)/drawing(s)

#### 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste?  Yes  No  Unknown

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste?  Yes  No  Unknown

If Yes, please provide details:

## 8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you and/or agent?

Yes

No

If Yes, please provide details of the name, role, and how you are related to them:

## 9. Biodiversity Net Gain

Do you believe that, if the development is granted planning permission, the Biodiversity Gain Condition (as set out in [Paragraph 13 of Schedule 7A of the Town and Country Planning Act 1990](#)) would apply?

Yes  No

If No, please provide reasons, with reference to which exemptions or transitional arrangements you believe apply:

If Yes, please provide information requested in 1-6 below:

1. Please provide the date the pre-development biodiversity value of onsite habitat(s) have been calculated: (this should be one of the following dates: i) the date of this application; or ii) an earlier proposed date).

2. Please provide the pre-development biodiversity value of onsite habitats on this date:

If a date earlier than the date of the submission of the planning application has been specified in 1, please provide reasons why this date has been used:

3. Has there been any loss (or degradation) of any onsite habitat(s), resulting from activities carried out before the date specified in 1. either:

Yes

- on or after 30 January 2020 which were not in accordance with a planning permission; or
- on or after 25 August 2023 which were in accordance with a planning permission?

No

If yes, please provide details including: the date immediately before this activity was carried out; the onsite biodiversity value on this date; and any supporting evidence (or reference to relevant document containing these details).

4. Please state the publication date of the biodiversity metric tool(s) used to calculate the onsite biodiversity value(s) in 2. (and if applicable 3.).

5. Does the application site have irreplaceable habitat(s) (corresponding to the descriptions in The Biodiversity Gain Requirements (Irreplaceable Habitat) Regulations 2024) which exist on land to which this application relates on the date specified in 1.

Yes

No

If yes, please provide a description of these and any further details (for example reference to relevant document):

6. Please confirm your application is accompanied by the following:

- i. The completed biodiversity metric tool(s) showing the calculation of the pre-development biodiversity value shown in 2. (and if applicable 3.) on the date specified in 1. (and if applicable 3.)
- ii. Plan(s), showing onsite habitat(s) existing on the date specified in 1.; and
- iii. If applicable, plan(s) showing onsite irreplaceable habitat(s) existing on the date specified in 1.

Yes

Please provide details (for example reference to relevant document):

Note: Plans must be drawn to an identified scale, and showing the direction of North.

## 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
Walls			<input type="checkbox"/>	<input type="checkbox"/>
Roof			<input type="checkbox"/>	<input type="checkbox"/>
Windows			<input type="checkbox"/>	<input type="checkbox"/>
Doors			<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing			<input type="checkbox"/>	<input type="checkbox"/>
Lighting			<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<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:

----------------------

## 11. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Unknown total proposed (including spaces retained)	Difference in spaces
Cars			<input type="checkbox"/>	
Light goods vehicles/ public carrier vehicles			<input type="checkbox"/>	
Motorcycles			<input type="checkbox"/>	
Disability spaces			<input type="checkbox"/>	
Cycle spaces			<input type="checkbox"/>	
Other (e.g. Bus)			<input type="checkbox"/>	
Other (e.g. Bus)			<input type="checkbox"/>	

## 12. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer  Cess pit  
 Septic tank  Other  
 Package treatment plant

Are you proposing to connect to the existing drainage system?  Yes  No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

## 13. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes  No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  No

Will the proposal increase the flood risk elsewhere?  Yes  No

How will surface water be disposed of?

- Sustainable drainage system  Existing watercourse  
 Soakaway  Pond/lake  
 Main sewer

## 14. Biodiversity and Geological Conservation

Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

b) Designated sites, important habitats, or other biodiversity features

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

c) Features of geological conservation importance

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

Please see Section 9 for Biodiversity Net Gain

## 15. Existing Use

Please describe the current use of the site:

Is the site currently vacant?  Yes  No

If Yes, please describe the last use of the site:

When did this use end (if known)?  
DD/MM/YYYY

(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated?  Yes  No

Land where contamination is suspected for all or part of the site?  Yes  No

A proposed use that would be particularly vulnerable to the presence of contamination?  Yes  No

## 16. Trees and Hedges

Are there trees or hedges on the proposed development site?  Yes  No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?  Yes  No

If Yes to either or both of the above, you may need to provide a Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'

## 17. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?

Yes  No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

### 18. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  
 If Yes, please complete details of the changes in the tables below:

Yes  No

Proposed Housing							Existing Housing								
Market Housing	Not known	Number of Bedrooms					Total Homes	Market Housing	Not known	Number of Bedrooms					Total Homes
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						<i>a</i>	Houses	<input type="checkbox"/>						<i>a</i>
Flats/maisonettes	<input type="checkbox"/>						<i>b</i>	Flats/maisonettes	<input type="checkbox"/>						<i>b</i>
Sheltered housing	<input type="checkbox"/>						<i>d</i>	Sheltered housing	<input type="checkbox"/>						<i>d</i>
Bedsit/studio	<input type="checkbox"/>						<i>e</i>	Bedsit/studio	<input type="checkbox"/>						<i>e</i>
Cluster flats	<input type="checkbox"/>						<i>f</i>	Cluster flats	<input type="checkbox"/>						<i>f</i>
Other	<input type="checkbox"/>						<i>g</i>	Other	<input type="checkbox"/>						<i>g</i>
<b>Totals (a + b + c + d + e + f) =</b>							<i>A</i>	<b>Totals (a + b + c + d + e + f) =</b>							<i>A</i>

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total Homes	Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total Homes
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						<i>a</i>	Houses	<input type="checkbox"/>						<i>a</i>
Flats/maisonettes	<input type="checkbox"/>						<i>b</i>	Flats/maisonettes	<input type="checkbox"/>						<i>b</i>
Sheltered housing	<input type="checkbox"/>						<i>d</i>	Sheltered housing	<input type="checkbox"/>						<i>d</i>
Bedsit/studio	<input type="checkbox"/>						<i>e</i>	Bedsit/studio	<input type="checkbox"/>						<i>e</i>
Cluster flats	<input type="checkbox"/>						<i>f</i>	Cluster flats	<input type="checkbox"/>						<i>f</i>
Other	<input type="checkbox"/>						<i>g</i>	Other	<input type="checkbox"/>						<i>g</i>
<b>Totals (a + b + c + d + e + f) =</b>							<i>A</i>	<b>Totals (a + b + c + d + e + f) =</b>							<i>A</i>

Affordable Home Ownership	Not known	Number of Bedrooms					Total Homes	Affordable Home Ownership	Not known	Number of Bedrooms					Total Homes
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						<i>a</i>	Houses	<input type="checkbox"/>						<i>a</i>
Flats/maisonettes	<input type="checkbox"/>						<i>b</i>	Flats/maisonettes	<input type="checkbox"/>						<i>b</i>
Sheltered housing	<input type="checkbox"/>						<i>d</i>	Sheltered housing	<input type="checkbox"/>						<i>d</i>
Bedsit/studio	<input type="checkbox"/>						<i>e</i>	Bedsit/studio	<input type="checkbox"/>						<i>e</i>
Cluster flats	<input type="checkbox"/>						<i>f</i>	Cluster flats	<input type="checkbox"/>						<i>f</i>
Other	<input type="checkbox"/>						<i>g</i>	Other	<input type="checkbox"/>						<i>g</i>
<b>Totals (a + b + c + d + e + f) =</b>							<i>A</i>	<b>Totals (a + b + c + d + e + f) =</b>							<i>A</i>

Starter Homes	Not known	Number of Bedrooms					Total Homes	Starter Homes	Not known	Number of Bedrooms					Total Homes
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						<i>a</i>	Houses	<input type="checkbox"/>						<i>a</i>
Flats/maisonettes	<input type="checkbox"/>						<i>b</i>	Flats/maisonettes	<input type="checkbox"/>						<i>b</i>
Bedsit/studio	<input type="checkbox"/>						<i>e</i>	Bedsit/studio	<input type="checkbox"/>						<i>e</i>
Other	<input type="checkbox"/>						<i>g</i>	Other	<input type="checkbox"/>						<i>g</i>
<b>Totals (a + b + c + d) =</b>							<i>A</i>	<b>Totals (a + b + c + d) =</b>							<i>A</i>

Self-build and Custom Build	Not known	Number of Bedrooms					Total Homes	Self-build and Custom Build	Not known	Number of Bedrooms					Total Homes
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						<i>a</i>	Houses	<input type="checkbox"/>						<i>a</i>
Flats/maisonettes	<input type="checkbox"/>						<i>b</i>	Flats/maisonettes	<input type="checkbox"/>						<i>b</i>
Bedsit/studio	<input type="checkbox"/>						<i>e</i>	Bedsit/studio	<input type="checkbox"/>						<i>e</i>
Other	<input type="checkbox"/>						<i>g</i>	Other	<input type="checkbox"/>						<i>g</i>
<b>Totals (a + b + c + d) =</b>							<i>A</i>	<b>Totals (a + b + c + d) =</b>							<i>A</i>

**Total proposed residential units (A + B + C + D + E) =**

**Total existing residential units (F + G + H + I + J) =**

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

## 19. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain, or change of use of non-residential floorspace?  Yes  No  Unknown

If you have answered 'Yes' to the question above please add details in the following table:

Use class/type of use		Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Unknown	Total gross internal floorspace proposed (including change of use) (square metres)	Unknown	Net additional gross internal floorspace following development (square metres)	
B2 – General Industrial (other than falling within Class E)		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
B8 – Storage and Distribution		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
C1 – Hotels		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
C2 – Residential Institutions		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
C2A – Secure Residential Institutions		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
E - Commercial, Business and Service:	(a) retail (other than hot food)	Shops	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
		Net tradeable area:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
	(b) sale of food and drink (mostly consumed on the premises)		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(c) (i) Financial services		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(c) (ii) Professional services (other than health or medical)		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(c) (iii) any other service		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(d) Indoor sports, recreation or fitness		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(e) medical or health services		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(f) creche, day nursery		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(g) (i) office (to carry out operational or administrative functions)		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(g) (ii) research and development of products or processes		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
(g) (iii) any industrial process (can be carried out within a residential area)		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
F.1 - Learning and non-residential institutions:	(a) Education		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(b) display works of art		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(c) museum		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(d) public library		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(e) public hall or exhibition hall		<input type="checkbox"/>						
	(f) public worship or religious instruction		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(g) law court		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
F.2 - Local Community	(a) Shop selling essential goods (premises not over 280 metres squared and no other such facility in 1000m radius)		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(b) hall or meeting place for local community (principal use)		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(c) outdoor sport or recreation		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	(d) indoor or outdoor swimming pool or skating rink		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Other – Please Specify									
		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
<b>Total</b>									

### 19. All Types of Development: Non-residential Floorspace (Continued)

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms.

Use Class/ Type of Use	Not Applicable	Existing Rooms to be lost by change of use or demolition	Unknown	Total rooms proposed (including change of use)	Unknown	Net additional rooms
C1 - Hotels	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C2 - Residential Institutions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C2A - Secure Residential Institutions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other – Please specify:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

### 20. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

### 21. Hours of Operation

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not Known

### 22. Site Area

Please state the site area in hectares (ha):

### 23. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end procedures including plant, ventilation or air conditions. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development?

Yes     No     Unknown

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Unknown	Maximum annual operational throughput in tonnes (or litres if liquid waste)	Unknown
Inert landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Non-hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Energy from waste incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Landfill gas generation plant	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pyrolysis/gasification	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal recycling site	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Transfer stations	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Household civic amenity sites	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Open windrow composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
In-vessel composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Anaerobic digestion	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Sewage treatment works	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other treatment	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Storage of waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other waste management	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other developments	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 24. Hazardous Substances

Does the proposal involve the use or storage of any of the following material in the quantities stated below?

Yes       No       Not Applicable

If Yes, please provide the amount of each substance that is involved (tonnes):

Acrylonitrile	<input type="text"/>	Ethylene oxide	<input type="text"/>	Phosgene	<input type="text"/>
Ammonia	<input type="text"/>	Hydrogen cyanide	<input type="text"/>	Sulphur dioxide	<input type="text"/>
Bromine	<input type="text"/>	Liquid oxygen	<input type="text"/>	Flour	<input type="text"/>
Chlorine	<input type="text"/>	Liquid petroleum gas	<input type="text"/>	Refined white sugar	<input type="text"/>
Other:	<input type="text"/>	Other:	<input type="text"/>		
Amount:	<input type="text"/>	Amount:	<input type="text"/>		

## 25. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form  
**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\*

**NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.**

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):




### CERTIFICATE OF OWNERSHIP - CERTIFICATE B

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land or building to which this application relates.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 25. Ownership Certificates and Agricultural Land Declaration (continued)

### CERTIFICATE OF OWNERSHIP - CERTIFICATE C

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners\* and/or agricultural tenants\*\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

### CERTIFICATE OF OWNERSHIP - CERTIFICATE D

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 26. 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:  | <input type="checkbox"/> | The correct fee:   | <input type="checkbox"/> |
| The original and 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: | <input type="checkbox"/> | The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):                                    | <input type="checkbox"/> |
| The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:  | <input type="checkbox"/> | The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 12 Certificate (Agricultural Holdings): | <input type="checkbox"/> |

## 27. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant

Or signed – Agent:

Date

(date cannot be pre-application)

## 28. Applicant Contact Details

Telephone numbers

Country code:  National number:  Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

## 29. Agent Contact Details

Telephone numbers

Country code:  National number:  Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

## 30. Site Visit

Can the site be seen from a public road, public footpath, 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 agent/applicant's details)

If Other has been selected, please provide:

Telephone number:

Email address:

