

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	N/A	VARIOUS - REFER TO PROPOSED PLANS	<input type="checkbox"/>	<input type="checkbox"/>	A1 08, 09, 12, 14, 17, 18, 20, 21, 24 + 25
Roof	N/A	" "	<input type="checkbox"/>	<input type="checkbox"/>	" "
Windows	N/A	" "	<input type="checkbox"/>	<input type="checkbox"/>	" "
Doors	N/A	" "	<input type="checkbox"/>	<input type="checkbox"/>	" "
Boundary treatments (e.g. fences, walls)	N/A	" "	<input type="checkbox"/>	<input type="checkbox"/>	" "
Vehicle access and hard-standing	N/A	" "	<input type="checkbox"/>	<input type="checkbox"/>	" "
Lighting	N/A	" "	<input type="checkbox"/>	<input type="checkbox"/>	" "
Others (please specify)	N/A	" "	<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)	Difference in spaces
Cars	N/A	36	36
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces	N/A	15	15
Other (e.g. Bus)			
Other (e.g. Bus)			