



## Application for approval of reserved matters following outline approval. Town and Country Planning (Development Management Procedure) (England) Order 2015

#### **Privacy Notice**

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

### **Local Planning Authority details:**



#### 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

# Publication of applications on planning authority websites Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address					
Tit <b>l</b> e:	First name:				
Last name:					
Company (optional):	Rochester Properties Limited, John F C Sergent and Joan F M Anderson				
Unit:	House number: House suffix:				
House name:	c/o agent				
Address 1:	c/o agent				
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:	c/o agent				

2. Agent Name and Address						
Tit <b>l</b> e:	Mr	First name:	Ed			
Last name:	Durrant					
Company (optional):	Pegasus	s Planning (	Group Limited			
Unit:		House number:	House suffix:			
House name:	Suite 4					
Address 1:	Pionee	r House				
Address 2:	Vision	Park				
Address 3:	Histor	1				
Town:	Cambi	idge				
County:						
Country:						
Postcode:	CB24 91	NL				

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3. Site Ad	ddress Details	)	4. Pre-application Advice
Please prov	ide the full postal address of the app	olication site.	Has assistance or prior advice been sought from the local
Unit:	House number:	House suffix:	authority about this application?
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:	Land South of Bedwell Roa	d	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:	Elsenham		Deference
County:			Reference:
Postcode (optiona <b>l</b> ):			Date (DD/MM/YYYY):
Description (must be co	n of location or a grid reference. completed if postcode is not known):		(must be pre-application submission)
Easting:	552856 Northing: 2	226949	Details of pre-application advice received?
Description	n:		
Land S	outh of Bedwell Road		
		]	
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	opment Description rate which reserved matter(s) you re	auire to be determined	d under this application:
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6. Authority Employee / Member It is an important principle of decision-making that the process is open and transparent. For the purposes of this question "relating 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.					
Do any of the following statements apply to you and/or agent?	☐ Yes ✓ No	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			
If Yes, please provide details of their name, role and how you are	e related to them.				
7. Supporting Information Please provide the following information:					
List of all relevant drawings, including reference numbers, that wo of the original decision:	vere approved as part	List of drawing numbers submitted with this application for approval:			
Drawing	Reference Number	Drawing Number			
Please see submission schedule		Please see submission schedule			
Reasons for any changes to the original drawings (if applicable):					
N/A					

8. P <b>l</b> anning A <sub>l</sub>	pplication	Requirements - Ch	ecklist					
information requir	red will result	klist to make sure you ha t in your application bein .PA) has been submitted.	g deemed inv	informati alid. It wi	ion in sup II not be	oport of your propo considered va <b>l</b> id u	osal. Failure to sub ntil all information	mit all required by
-		completed and dated ap		7	The correct fee:		$\checkmark$	
The original and 3 copies* of other plans and drawings or			<u></u>	The original and 3 copies* of such plans and drawings as are necessary to deal with the matters reserved in the outline planning permission.				
total of four copies LPAs may also acc	s), un <b>l</b> ess the ept supporti	that the applicant must p application is submitted ng documents in electro site for information or co	l electronically nic format by p	or, the LF post (for e	PA indica example,	te that a smaller nu on a CD, DVD or US	umber of copies is r SB memory stick).	ments (a
9. Declaration	1							
I/we hereby apply information. I/we of genuine opinions	confirm that,	permission/consent as one to the best of my/our knows; giving them.	lescribed in th ow <b>l</b> edge, any	is form ar facts state	nd the ac ed are tru	companying plans, ue and accurate and	/drawings and add d any opinions give	itiona <b>l</b> en are the
Signed - Applican	ıt:			Or signe	d - Agen	t:		
				Ed Durra	ant			
Date (DD/MM/YY	YY):							
20/06/2024		(date cannot be pre-ap	p <b>l</b> ication)					
10. Applicant	Contact D	etails		11. A	gent Co	ntact Details		
10. Applicant Telephone number		etails		1 `	gent Co			Edundan
Telephone number			Extension number:	Telepho			:	Extension number:
Telephone number	ers			Telepho	one num y code:	bers	:	
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Email address: