

Planning Development Control

First name: DAII

Welwyn Hatfield Borough Council The Campus, Welwyn Garden City, Herts AL8 6AE

> Telephone: 01707 357000 Fax: 01707 357255 Email: planning@welhat.gov.uk

Website: www.welhat.gov.uk

## Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

## Publication of applications on planning authority websites

MADS First name: MICHAELLS

Please 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.

Please complete using block capitals and black ink.

1. Applicant Name and Address

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

2. Agent Name and Address

MICS MISCHAILE MITCHELLE	The Total Division
Last name: HART	Last name: JACK Con
Company (optional):	Company (optional):
Unit: House number: 29 House suffix:	Unit: House number: 31 House suffix:
House name:	House name:
Address 1: NORTHAN ROAD CAST	Address 1: KING JAMES AVENUE
Address 2:	Address 2:
Address 3:	Address 3:
Town: CUFFLEY	Town: CUFFLEY
County: HERTS	County: HERTT
Country:	Country:
Postcode: 6N6 4LU	Postcode: 6N6 ALN
3. Description of Proposed Works	
Please describe the proposed works:	
900mm Extension to	EXISTING REAR
900mm ExTENSION TO BALGORY WITH FREE	SUPPORTS
8	
	a a constant of the constant o
	\$Date:: 2010-09-10 #\$ \$Revision: 2998 \$

The state of the s	
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 already 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. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access proposed to or from the public highway? Yes No
Unit: House number: 29 House suffix:	Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes No
Address 1: NORTHAN ROAD BAST	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?  Yes  No
Address 2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: CUTFLEY	
County: HSRTS	
Postcode (optional): GNS 4LU	
C. Dui annii antian Advica	7. Trees and Hedges
<b>6. Pre-application Advice</b> Has assistance or prior advice been sought from the local	Are there any trees or hedges on your own
authority about this application?	property or on adjoining properties which
If Yes, please complete the following information about the advice	are within falling distance of your proposed development?
you were given. (This will help the authority to deal with this	If Yes, please mark their position on a scaled
11	
application more efficiently). Please tick if the full contact details are not	plan and state the reference number of any plans or drawings:
	plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not	plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not known, and then complete as much possible:	plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not known, and then complete as much possible:	
Please tick if the full contact details are not known, and then complete as much possible:  Officer name:	Will any trees or hedges need to be removed or pruned in
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Please tick if the full contact details are not known, and then complete as much possible:  Officer name:  Reference:  Date (DD MM YYYY): (must be pre-application submission)	Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  If Yes, please show on your plans which trees by giving them
Please tick if the full contact details are not known, and then complete as much possible:  Officer name:  Reference:  Date (DD MM YYYY): (must be pre-application submission)  Details of the pre-application advice received:	Will any trees or hedges need to be removed or pruned in order to carry out your proposal?
Please tick if the full contact details are not known, and then complete as much possible:  Officer name:  Reference:  Date (DD MM YYYY): (must be pre-application submission)  Details of the pre-application advice received:  As KCA # TOWN PCMNING	Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  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)/
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Please tick if the full contact details are not known, and then complete as much possible:  Officer name:  Reference:  Date (DD MM YYYY):  (must be pre-application submission)  Details of the pre-application advice received:  As KED IF TOWN PLANNING  CONSENT WAS REQUIRED,  TOLD IT WAS NEEDED,	Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  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.  9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff  Do any of these
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	Existing (where applicable)	Proposed	Not applicable	Don' Knov
Walls				
Roof				
Windows				
Doors				
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing				
Lighting				
Others (please specify)	TMBER BALCONY ON BRICKWORK	on speel supposits		
	tional information on submitted plan(s)/drawing ences for the plan(s)/drawing(s)/design and acce	·		No

1. Ownership Certificates			
One Certificate A, B, C, or D, mu	st be completed, together with the Agricultur	al Holdings Certificate w	ith this application form
Town and Country Planning	CERTIFICATE OF OWNERSHIP - CERTI (Development Management Procedure) (Eng		cate under Article 12
certify/The applicant certifies that (	on the day 21 days before the date of this applica	ation nobody except myse	elt/ the applicant was the
owner ( <i>owner is a person with a freen</i> which the application relates.	old interest or leasehold interest with at least 7 year	's left to rull) of any part of	the land of building to
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
			28/06/2021
I certify/ The applicant certifies that 21 days before the date of this appli	CERTIFICATE OF OWNERSHIP - CERTIFICATE OWNERSHIP -	land) Order 2010 Certification ice to everyone else (as lis	sted below) who, on the day
Name of Owner	Address		Date Notice Served
	× '		
· · · · · · · · · · · · · · · · · · ·			
			Date (DD/MM/YYYY):
Signed - Applicant:	Or signed - Agent:		Date (DD/MIN/1117).
All reasonable steps have be	n be issued for this application een taken to find out the names and addresses of with at least 7 years left to run) of the land or buildi	the other owners <i>(owner</i> ing, or of a part of it , but I	is a person with a freehold have/ the applicant has
		į	
Name of Owner	Address		Date Notice Served
*			a
lotice of the application has been p	ublished in the following newspaper	On the following date (wh	ich must not be earlier
circulating in the area where the lan	d is situated):	than 21 days before the d	ate of the application):
		-	
igned - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
	·		

11. Ownership Certificates (con			
I certify/ The applicant certifies that:  Certificate A cannot be issued fo  All reasonable steps have been t date of this application, was the of any part of the land to which	CERTIFICATE OF OWNERSHIP evelopment Management Procedure this application taken to find out the names and address owner (owner is a person with a freely this application relates, but I have/t	ıre) (England) Order 2010 ( dresses of everyone else who hold interest or leasehold inter	, on the day 21 days before the est with at least 7 years left to run)
The steps taken were:			
Notice of the application has been publicities (circulating in the area where the land is	shed in the following newspaper situated):	On the following o	date (which must not be earlier re the date of the application):
Signed - Applicant:	Or signed - Agent	:	Date (DD/MM/YYYY):
	AGRICULTURAL LAND DEC relopment Management Procedur ltural Land Declaration - You Must C	re) (England) Order 2010 Co Complete Either A or B	ertificate under Article 12
(A) None of the land to which the applications of the land to which the applicant:	ation relates is, or is part of, an agric Or signed - Agent		Date (DD/MM/YYYY)
эдпей - Аррисант.	Of Signed Figure		28/1/2-21
			20/06/2021
(B) I have/ The applicant has given the re before the date of this application, was a as listed below:	equisite notice to every person other tenant of an agricultural holding or	r than myself/ the applicant v n all or part of the land to wh	who, on the day 21 days iich this application relates,
Name of Tenant	Ac	ddress	Date Notice Served
	5		
Signed - Applicant:	Or signed - Agent	•	Date (DD/MM/YYYY)
эідпец - дрріїсант.	Or Signed Figure		
<b>13. Planning Application Requir</b> Please read the following checklist to malinformation required will result in your ap	ke sure you have sent all the informa	ation in support of your prop will not be considered valid u	osal. Failure to submit all until all information required by
the Local Planning Authority has been sul	bmitted.  The original and 3 copies o		1
The original and 3 copies of a completed and dated application form:	design and access stateme	nt if	,,,,
The original and 3 copies of a plan which identifies the land to which the applicatio relates drawn to an identified scale and showing the direction of North:	proposed works fall within conservation area or World Heritage Site, or rela Listed Building:	to to a completed.	l <del>and 3 copies</del> of the dated Ownership A, B, C or D - as applicable):
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:		The original completed, (Agricultura	and 3 copies of the dated Article 12 Certificate

14. Declaration			
I/we hereby apply for planning permission/o	consent as described in this fo	orm and the accompanying plans/	drawings and additional
Signed - Applicant:	Or signed Agent:	Date (I	DD/MM/YYYY):
		28/2	(date cannot be pre-application
15. Applicant Contact Details	16	6. Agent Contact Details	
Telephone numbers	T∈	elephone numbers	
Country code: National number:	Extension number:	Country code: National number:	Extension number:
Country code: Mobile number (optional):		Country code: Mobile number (o	ptional):
Country code: Fax number (optional):  Email address (optional):		ountry code: Fax number (optional):	onal):
,			
17. Site Visit			
Can the site be seen from a public road, pub	lic footpath, bridleway or othe	er public land? Yes	√ No
If the planning authority needs to make an a out a site visit, whom should they contact? (I	ppointment to carry Please select only one)	Agent Applicant	$\Box$ Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	·	to I am and an	
Contact name:	Tel	lephone number:	
Email address:			