

**1. Description of the Proposal**

Please describe the proposed development, including any change of use:

CHANGE OF USE OF FIRST FLOOR FROM RESIDENTIAL TO DENTAL USE IN ASSOCIATION WITH THE EXISTING GROUND FLOOR DENTAL PRACTICE

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)

**4. Site Address Details**

Please provide the full postal address of the application site.

Unit:  House number: 5-7 House suffix:

House name:

Address 1: BIRCHWOOD AVENUE

Address 2:

Address 3:

Town: HATFIELD

County: HERTS.

Postcode (optional): AL10 0PL

Description of location or a 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

If Yes, please complete the following information about the 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):

Details of pre-application advice received?

## Application for Planning Permission. Town and Country Planning Act 1990

### 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 in 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 or commercial requirements relating to information security and data protection of the information you have provided.

### Local Planning Authority details:

## Development Management

**Welwyn Hatfield Borough Council**  
The Campus, Welwyn Garden City, Herts AL8 6AE  
T: 01707 357000 F: 01707 357255 E: [planning@welhat.gov.uk](mailto:planning@welhat.gov.uk) [www.welhat.gov.uk](http://www.welhat.gov.uk)



**WELWYN  
HATFIELD**

### 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 further clarification, please contact the Local Planning Authority directly.

When 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

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: