

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

'rivacy Notice

his 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).

lease 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. An ubsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in greement with the declaration section.

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

ocal 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 www.welhat.gov.uk



'ublication of applications on planning authority websites

nformation provided on this form and in supporting documents may be published on the authority's planning register and rebsite.

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

iprinted, please complete using block capitals and black ink.

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

Applicant Name and Address		
Title:	ML First name: SHANE	Title
Last name:	McCARTHY	Las
Company (optional):	ESSEMSEE LID	Cor (op
Unit:	1 House number: House suffix:	Uni
House name:		Hou
Address 1:	REGIS ROAD	Add
Address 2:		Add
Address 3:		Add
Town:	howard	Tow
County:		Cou
Country:		Cou
Postcode:	NWS ZEW	Post

2. Agent Name and Address			
Title:	MA First name: KEVIN		
Last name:	HAPPIS		
Company (optional):	HOG CONSTRUCTION LTD		
Unit:	House number: House suffix:		
House name:	Hum/Hler's BARN		
Address 1:			
Address 2:	GREEN MAN ROAD		
Address 3:	MAGDALEN LAVER		
Town:	ongal		
County:	ESSEX		
Country:			
Postcode:	CAAS DEE		

o. Orte Address Details	4. Pre-application Advice			
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local			
Unit: House number: 1-5 House suffix:	authority about this application? Yes No			
House name:	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).			
Address 1: PARK STREET				
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:			
Address 3:	Officer name:			
Town: HATFIELD	Reference:			
County: HERTS	Mererence.			
Postcode (optional): AL9 SAT	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?			
Easting: Northing:				
Description:				
][
5. Description Of Your Proposal				
Please provide a description of the approved development as show	n on the decision letter, including the application reference number			
and date of decision in the sections below:	on the decision letter, including the application reference number			
Reference number: 6/2018/2497/Fuc Date of decision:	(Date must be pre-application submission) (DD/MM/YYYY)			
Please state the condition number(s) to which this application relati	es:			
1. 1. ARCHAEOLOGICAL W.S.I.	6.			
2.	7.			
3.	8.			
4.	9.			
5.	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)			
Has the development been completed?	Yes No			
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
5. Discharge Of Condition				
Please provide a full description and/or list of the materials/details the	nat are being submitted for approval.			
	acture being submitted for approval:			
WRITTEN SCHEME OF INVESTIGATION FOR HISTORIC BULLING RECORDING, WST				
7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition?				
if Yes, please indicate which part of the condition your application re	lates to:			

Please read the following checklist to make sure you have sent all the information required will result in your application being deemed in the Local Planning Authority (LPA) has been submitted.	ne information in support of your proposal. Failure to submit all availd. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	original and 3 copies* of other plans and drawings of original and 3 copies* of other plans and drawings of the application:
The correct fee:	
'National legislation specifies that the applicant must provide the or otal of four copies), unless the application is submitted electronicall LPAs may also accept supporting documents in electronic format by you can check your LPA's website for information or contact their plane.	y or, the LPA indicate that a smaller number of copies is required. Post (for example, on a CD, DVD or USB memory stick)
9. Declaration /we hereby apply for planning permission/consent as described in tonformation. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the
Signed - Applicant:	1
Date (DD/MM/YYYY):	
03/10/2019 (date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number: Country code: Mobile number (optional):	Country code: National number: L++ Country code: Mobile number (optional): Extension number: 1300
Country code. Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
	Keuinh@hogplc.com
12. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or f 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)
f Other has been selected, please provide: Contact name:	Telephone number:
Email address:	

b. rianning Application kequirements - Checklist