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## 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 nformation 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. Any 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.

printed, 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.

. Applic	ant Name and Address	2. Agent Name and Address	
itle:	MR First name: DAW	Title: MR First name: LAURIE	
ast name:	Cox	Last name: REYNOLDS	
ompany optional):		Company (optional):	
nit:	House House suffix:	Unit: House number: // House suffix:	
ouse ame:	HILLTOP	House name:	
ddress 1:	CUCUMBER LANE	Address 1: 110 BILLY LOWS LANCE	
ddress 2:		Address 2:	
ddress 3:		Address 3:	
own:	ESSENDON	Town: POTTERS BAR	
ounty:	HATFIELD	County: HERTFORSHIRE	
ountry-		Country	

3. Site Ac	ldress Details		) [4. Pi	re-application Advice			
Please provide the full postal address of the application site.				ssistance or prior advice been sought from the local			
Unit:	House number:	House suffix:	autho	ority about this application?			
House name:	TATAL TATAL						
Address 1:	CUCUMBER L	AME		cation more efficiently). e tick if the full contact details are not			
Address 2:	No.		8 8	n, and then complete as much as possible:			
Address 3:				er name:			
Town:	ESSENDON		11	rence:			
County:	HATFIELD			DP. 08401225 House			
Postcode (optional): Description	AL9 6JA of location or a grid reference.		(must	Date (DD/MM/YYYY): $08/0/2020$ t be pre-application submission)			
	mpleted if postcode is not know		Detai	ils of pre-application advice received?			
Easting: Description	Northin:	g:					
5. Description Of Your Proposal  Please provide a description of the approved development as shown on the decision letter, including the application reference number							
and date of decision in the sections below:  ERECTION OF OUTBUILDING AND INSTALLATION OF SWIMMING POOL							
Reference n	umber:	Date of decision:		(Date must be pre-application submission) (DD/MM/YYYY)			
Please state	the condition number(s) to wh	ich this application relate	25:	Sabinission (DD/WW/1111)			
1. A	POVISION OF AN ACC PEORICUIDINAL METHO	EPTARE DISTATEMENT	6.				
2.			7.				
3.			8.				
4.			9.				
5.			10.				
Has the development already started?							
If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)							
Has the development been completed?							
If Yes, please state when the development was completed (DD/MM/YYYY): 01/08/2020 (date must be pre-application submission)							
5. Discha	rge Of Condition						
Please provide a full description and/or list of the materials/details that are being submitted for approval:  A CONFLICE ARBORICULTURAL METHOD STATEMENT HAS BEEN SO BY MITTED AND ACCEPTED REF MS LUCY HALE ARPIL 2020.							
ROT MS LUCY HAVE HADIL 2020.							
7. Part Di	scharge Of Condition(s)						
Are you seeking to discharge only part of a condition?							
Yes, please indicate which part of the condition your application relates to:							

8. Planning Application Require Please read the following checklist to mal information required will result in your ap the Local Planning Authority (LPA) has be	ce sure you have sent all the oplication being deemed in	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	or in	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:
The correct fee:		# FEES PREVIOUSLY SUBMITTED
total of four copies), unless the application LPAs may also accept supporting docume	n is submitted electronically ents in electronic format by	iginal plus three copies of the form and supporting documents (a y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick). anning department to discuss these options.
9. Declaration  I/we hereby apply for planning permission information. I/we confirm that, to the best genuine opinions of the person(s) giving the Signed - Applicant:	t of my/our knowledge, any	his form and the accompanying plans/drawings and additional rfacts stated, are true and accurate and any opinions given are the
Date (DD/MM/YYYY):		
17/10/2020 (date can	not be pre-application)	
10. Applicant Contact Details  Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Extension number:	Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):
Tan the site be seen from a public road, put the planning authority needs to make arout a site visit, whom should they contact of Other has been selected, please provide Contact name:	n appointment to carry ? (Please select only one)	other public land? Yes No  Applicant Other (if different from the agent/applicant's details)  Telephone number:
Email address:		