

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

Privacy Notice

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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



Publication 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.

| ppiication. | | | | | |
|------------------------|--------------------------------|------------------------------------|--|--|--|
| 1. Applio | ant Name and Address | 2. Agent Name and Address | | | |
| Title: | MR First name: ANTHONY | Title: First name: RYAN | | | |
| Last name: | SAPNO | Last name: Lew (S | | | |
| Company (optional): | TOLCO LTD | Company (optional): JDW ARCHITECTS | | | |
| Unit: | House number: 12 House suffix: | Unit: House number: House suffix: | | | |
| House name: | | House name: | | | |
| Address 1: | TOLMERS GARDENS | Address 1: Suite 2 | | | |
| Address 2: | | Address 2: 5 GOLD TOPS | | | |
| Address 3: | | Address 3: | | | |
| Town: | CUFFLEY | TOWN: NEWPORT | | | |
| County: | HEKIS | County: | | | |
| Country: | UK | Country: UK | | | |
| Postcode: | EN64JE | Postcode: NPZO 4PG | | | |
| | | | | | |

| Please provide the full postal address of the application site. Unit: House number: 12 House suffix: House name: Address 1: TOLNERS CARDENS Address 2: Address 3: Town: CUFFLEY County: HERTS Postcode (optional): ENG 4JE Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Description: | 4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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). Please tick if the full contact details are not known, and then complete as much as possible: Officer name: Reference: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| 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 8 x apartments following demolition of | | | | | | | | |
| Reference number: 6/2018/3125/Full Date of decision: Please state the condition number(s) to which this application relate | (Date must be pre-application submission) (DD/MM/YYYY) | | | | | | | |
| 1. | 6. 7 | | | | | | | |
| 2. 2 | 7. 8 | | | | | | | |
| 3. 3 | 8. 9 | | | | | | | |
| 4. 1 | 9. | | | | | | | |
| 5. < | 10. | | | | | | | |
| Has the development already started? | ☐ Yes | | | | | | | |
| 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): (date must be pre-application submission) | | | | | | | | |
| 6. Discharge Of Condition | | | | | | | | |
| Please provide a full description and/or list of the materials/details the | | | | | | | | |
| 9 docs - 7 docs already su 19/12/2019 and 2 docs sent by | abmitted on Planning portal on email on 6/1/20 | | | | | | | |
| 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 | Yes No | | | | | | | |
| | | | | | | | | |

| B. Planning Application Require Please read the following checklist to make information required will result in your apost he Local Planning Authority (LPA) has be | ke sure you have sent all the oplication being deemed inv | e information in sup valid. It will not be o | port of your propo considered valid un | sal. Failure to subn Itil all information r | nit all equired by |
|---|---|---|--|--|-----------------------|
| The original and 3 copies* of a completed and dated application form: | The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application: | | | | |
| The correct fee: | | | | | |
| 'National legislation specifies that the application of four copies), unless the application PAs may also accept supporting docume fou can check your LPA's website for info | n is submitted electronically ents in electronic format by | y or, the LPA indicat post (for example, c | ie that a smaller nui on a CD, DVD or USI | mber of copies is re B memory stick). | nents (a equired. |
| 9. Declaration /we hereby apply for planning permission formation. I/we confirm that, to the best genuine opinions of the person(s) giving Signed Applicant: Date (DD/MM/YYYY): 6/1/2020 (date care | it of my/our knowledge, any | or signed - Agent | e and accurate and | drawings and addit any opinions give | tional n are the |
| 10. Applicant Contact Details | | 11. Agent Co | ntact Details | | |
| Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): | Extension number: | Country code: Country code: Country code: Email address (o | National number: OLG33245 Mobile number (optional particular par | ptional): | Extension number: |
| 12. Site Visit | | <u>C</u> | | | |
| Can the site be seen from a public road, p | oublic footpath, bridleway o | r other public land? | Yes | ☐ No | |
| f the planning authority needs to make a out a site visit, whom should they contact f Other has been selected, please provide Contact name: | t? (Please select only one) | Agent Telephone numb | Applicant per: | Other (if difference agent/application) | |
| Email address: | | | | | |