

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) 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 into it. Any 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 and 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 www.welhat.gov.uk



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

If 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:					

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3. Site Address Details		e-application Advice			
Please provide the full postal address of the application site.		sistance or prior advice been sought from the local			
Unit: House House suffix:	author	ity about this application? Yes No			
House name:		olease complete the following information about the advice ere given. (This will help the authority to deal with this			
Address 1:	applica	ation more efficiently). tick if the full contact details are not			
Address 2:	known	, and then complete as much as possible:			
Address 3:	Office	r name:			
Town:	Refere	ence:			
County:					
Postcode (optional):	(must	Date (DD/MM/YYYY): De pre-application submission)			
Description of location or a grid reference. (must be completed if postcode is not known):	1	s of pre-application advice received?			
Easting: Northing:					
Description:					
5. Description Of Your Proposal	_				
Please provide a description of the approved development as shown and date of decision in the sections below:	on the o	decision letter, including the application reference number			
Reference number: Date of decision:		(Date must be pre-application			
Please state the condition number(s) to which this application relates	 5:	submission) (DD/MM/YYYY)			
1.	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)					
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details th	at are be	ing submitted for approval:			
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition? Yes No					
If Yes, please indicate which part of the condition your application relates to:					

	the information in support of your proposal. Failure to submit all dinvalid. It will not be considered valid until all information required 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:			
•			
information. I/we confirm that, to the best of my/our knowledge, genuine opinions of the person(s) giving them.	in this form and the accompanying plans/drawings and additional any facts stated are true and accurate and any opinions given are the		
Signed - Applicant:	Or signed - Agent:		
Date (DD/MM/YYYY):			
(date cannot be pre-application)			
10. Applicant Contact Details	11. Agent Contact Details		
Telephone numbers	Telephone numbers		
Country code: National number: Extensio number:			
Country and a Malifer and a Country and	Country and a Malifer when (a stire I)		
Country code: Mobile number (optional):	Country code: Mobile number (optional):		
Country code: Fax number (optional):	Country code: Fax number (optional):		
Email address (optional):	Email address (optional):		
12. Site Visit			
Can the site be seen from a public road, public footpath, bridlewa	ay or other public land? Yes No		
If 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)		
If Other has been selected, please provide:	Talanhana numbari		
Contact name:	Telephone number:		

Email address: