

Estate Management Consent Form

a) Applicant (Owner or Lessee) Name: <input type="text" value="Mr. B. Khoo"/> Is the applicant a Councillor, member of staff or related to either? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Address: <input type="text" value="35 Sherrardspark Road, Welwyn Garden City, AL8 7JY"/> Postcode: <input type="text" value="AL8 7JY"/> Telephone no: <input type="text"/> Mobile no: <input type="text"/> Email: <input type="text"/>	b) Agent (if any) Name: <input type="text" value="Mr S. Cook"/> Address: <input type="text" value="HED House, 60A Bridge Road East, Welwyn Garden City, AL7 1JU"/> Postcode: <input type="text"/> Telephone no: <input type="text"/> Mobile no: <input type="text"/> Email: <input type="text"/>
c) Site Address: <input type="text" value="35 Sherrardspark Road, Welwyn Garden City, AL8 7JY"/>	
d) Description of Proposal <input type="text" value="Single storey rear extension, raising of existing garage roof and insertion of rooflight"/>	
e) Have the works already been carried out or started? <input type="text" value="NO"/>	
f) Has assistance or prior advice been sought from the Council regarding this application? <input type="text" value="NO"/>	
Officer <input type="text"/>	
Date <input type="text" value="N/A"/>	
g) The site is: <input type="text" value="Freehold"/>	
If Leasehold enter the date of the Lease: <input type="text" value="N/A"/>	
Submitted date: <input type="text" value="25/9/2023 04:16:10"/>	