

Estate Management Consent Form

a) Applicant (Owner or Lessee) Name: <input type="text" value="Mr. & Mrs. P. Boon"/> Is the applicant a Councillor, member of staff or related to either? <input type="checkbox"/> Yes <input type="checkbox"/> No Address: <input type="text" value="24 Brockwood Lane, Welwyn Garden City, AL8 7BG"/> Postcode: <input type="text" value="AL8 7BG"/> 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="24 Brockwood Lane, Welwyn Garden City, AL8 7BG"/>	
d) Description of Proposal <input type="text" value="Demolition of existing rear conservatory and the erection of a single storey rear extension, part first floor rear extension with rear facing dormer window"/>	
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="Leasehold"/>	
If Leasehold enter the date of the Lease: <input type="text" value="N/A"/>	
Submitted date: <input type="text" value="24/11/2021 09:41:53"/>	