CARAVAN SITES & CONTROL OF DEVELOPMENT ACT 1960
Form of Particulars to be supplied by Applicant for Site Licence

1. Name and Address of Applicant: ..................................................................................................................
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2. Applicant’s interest in the land (give particulars of lease or tenancy, if any): .................................
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3. Address or description of site for which a site licence is required: .................................................
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4. Acreage of site: .........................................................................................................................................

5. Has the applicant held a site licence which has been revoked at any time in the last 3 years?

YES / NO (delete as necessary)

6. State type of caravan site for which a site licence is required:

   Permanent residential: ..............................................................................................................................

   Seasonal, between the following dates in each year: ..............................................................................
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7. State the maximum number of caravans proposed to be stationed on the site at any one time for the purpose of human habitation:
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8. A layout plan of the site, to a scale of not less than 1/500, should be attached, showing the boundaries of the site, the positions of the caravan standings and, where appropriate:

   Roads and footpaths
   Toilet blocks, stores and other buildings
   Foul and surface water drainage
   Water supply
   Recreation spaces
   Fire points
   Parking spaces.

   The plan should distinguish between facilities already provided and facilities proposed.
9. Give details of the arrangements for refuse disposal and for sewage and waste disposal:

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10. Has Planning Permission for the site been obtained from the local planning authority?

YES / NO (delete as necessary)

If YES, state:

Date of Permission .................................................................................................................................

Issuing Authority ..............................................................................................................................................

Date (if any) on which permission will expire .................................................................................................

If NO, has permission been applied for? YES / NO (delete as necessary)

Signature of Applicant: ......................................................................................................................................

Date: .............................................................................

When completed, please return this form to:

Kirklees Council
Investment and Regeneration
Health & Safety
Flint Street
Fartown
Huddersfield
HD1 6LG