

PLAN NO.		
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RECEIPT NO.		FEE RECEIVED
CASH	CHEQUE	OTHER
KIRKLEES COUNCIL - RESPONDING TO THE RECESSION VALIDATION CHECKLIST: SUPPLY 1 COPY (PLUS THE ORIGINAL)		

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

Publication of applications on planning authority websites.

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

1. Applicant Name, Address and Contact Details

Title:	<input type="text" value="Mrs"/>	First name:	<input type="text" value="Samaira"/>	Surname:	<input type="text" value="Akram"/>		
Company name:	<input type="text"/>						
Street address:	<input type="text" value="41 West View"/>			Country Code	National Number	Extension Number	
	<input type="text"/>			Telephone number:	<input type="text"/>	<input type="text"/>	
	<input type="text" value="Paddock"/>			Mobile number:	<input type="text"/>	<input type="text"/>	
Town/City:	<input type="text" value="Huddersfield"/>			Fax number:	<input type="text"/>	<input type="text"/>	
County:	<input type="text"/>			Email address:	<input type="text"/>		
Country:	<input type="text"/>						
Postcode:	<input type="text" value="HD1 4TX"/>						
Are you an agent acting on behalf of the applicant?				<input checked="" type="radio"/> Yes	<input type="radio"/> No		

2. Agent Name, Address and Contact Details

Title:	<input type="text" value="Mr"/>	First Name:	<input type="text" value="Nadir"/>	Surname:	<input type="text" value="Khan"/>		
Company name:	<input type="text" value="DK Architects"/>						
Street address:	<input type="text" value="Sovereign House"/>			Country Code	National Number	Extension Number	
	<input type="text" value="Stockport Road"/>			Telephone number:	<input type="text" value="0161 8501045"/>	<input type="text"/>	
	<input type="text"/>			Mobile number:	<input type="text" value="07814024033"/>	<input type="text"/>	
Town/City:	<input type="text" value="Cheadle"/>			Fax number:	<input type="text"/>	<input type="text"/>	
County:	<input type="text" value="Lancashire"/>			Email address:	<input type="text" value="nadir@dkarchitects.net"/>		
Country:	<input type="text" value="United Kingdom"/>						
Postcode:	<input type="text" value="SK8 2EA"/>						

3. Description of Proposed Works

Please describe the proposed works:

Has the work already been started without planning permission? Yes No

4. Site Address Details

Full postal address of the site (including full postcode where available)

House: Suffix:

House name:

Street address:

Town/City:

County:

Postcode:

Description of location or a grid reference
(must be completed if postcode is not known):

Easting:

Northing:

Description:

5. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?

Yes No

Is a new or altered pedestrian access proposed to or from the public highway?

Yes No

Do the proposals require any diversions, extinguishment and/or creation of public rights of way?

Yes No

6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes No

7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development?

Yes No

Will any trees or hedges need to be removed or pruned in order to carry out your proposal?

Yes No

8. Parking

Will the proposed works affect existing car parking arrangements?

Yes No

9. Authority Employee/Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

Yes No

10. Site Visit

Can the site be seen from a public road, public footpath, bridleway 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)

The agent The applicant Other person

11. Materials

Please state what materials (including type, colour and name) are to be used externally (if applicable):

Walls - description:

Description of *existing* materials and finishes:

Description of *proposed* materials and finishes:

Roof - description:

Description of *existing* materials and finishes:

Description of *proposed* materials and finishes:

11. (Materials continued)

Windows - description:

Description of *existing* materials and finishes:

White UPVC frames with double glazed units.

Description of *proposed* materials and finishes:

White UPVC frames wit double glazed units to match existing windows.

Doors - description:

Description of *existing* materials and finishes:

White UPVC door, with double glazed unit.

Description of *proposed* materials and finishes:

White UPVC door with double glazed unit, to match existing doors and windows.

Boundary treatments - description:

Description of *existing* materials and finishes:

Natural Stone / Concrete posts with concrete slab infill.

Description of *proposed* materials and finishes:

The proposed extension will not effect the existing boundary treatment.

Vehicle access and hard standing - description:

Description of *existing* materials and finishes:

Concrete poured in-situ

Description of *proposed* materials and finishes:

Concrete poured in-situ to match existing hard standing areas.

Lighting - add description

Description of *existing* materials and finishes:

Feature wall light to front entrnace; side elevation has wall mounted light.

Description of *proposed* materials and finishes:

The existing external light will not be affected by the proposed extension. no new lights are proposed as part of this application.

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

Yes No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

Drawing Number NK.277.00

Drawing Number NK.277.01

Drawing Number NK.277.02

12. Certificates (Certificate A)

Certificate of Ownership - Certificate A

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which the application relates.

Title: First name: Surname:

Person role: Declaration date: Declaration made

12. Certificates (Agricultural Land Declaration)

Agricultural Land Declaration

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of an agricultural holding.

(B) I have/The applicant has given the requisite notice to every person other than myself/the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

If any part of the land is an agricultural holding, of which the applicant is the sole tenant, the applicant should complete part (B) of the form by writing 'sole tenant - not applicable' in the first column of the table below

Title: First Name: Surname:

Person role: Declaration date: Declaration Made

13. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Date