

|                                          |              |                                   |
|------------------------------------------|--------------|-----------------------------------|
| APPLICATION NO.                          |              |                                   |
| DATE LODGED                              |              |                                   |
| RECEIPT NO.                              | FEE RECEIVED |                                   |
| CARD                                     | CHEQUE       | OTHER                             |
| KIRKLEES COUNCIL<br>VALIDATION CHECKLIST |              | SUPPLY 1 COPY (PLUS THE ORIGINAL) |

**PLANNING** - PO Box B93, Civic Centre 3, Huddersfield, HD1 2JR **Tel:** 01484 414746 **E-mail :** [dc.admin@kirklees.gov.uk](mailto:dc.admin@kirklees.gov.uk)

## 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="Dr"/>               | First Name:                                                   | <input type="text" value="MOHAMMED ADRIS"/> | Surname: | <input type="text" value="RAZAQ"/> |
| Company name:                                       | <input type="text"/>                          |                                                               |                                             |          |                                    |
| Street address:                                     | <input type="text" value="135, Oxford Road"/> |                                                               |                                             |          |                                    |
|                                                     | <input type="text"/>                          |                                                               |                                             |          |                                    |
|                                                     | <input type="text"/>                          |                                                               |                                             |          |                                    |
| Town/City:                                          | <input type="text" value="DEWSBURY"/>         | Telephone number:                                             | <input type="text"/>                        |          |                                    |
| Country:                                            | <input type="text"/>                          | Mobile number:                                                | <input type="text"/>                        |          |                                    |
| Postcode:                                           | <input type="text" value="WF13 4EH"/>         | Fax number:                                                   | <input type="text"/>                        |          |                                    |
|                                                     |                                               | Email address:                                                | <input type="text"/>                        |          |                                    |
| 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="Hamid"/>                 | Surname: | <input type="text" value="Dhorat"/> |
| Company name:   | <input type="text" value="DK Architecture (UK) Ltd"/> |                   |                                                    |          |                                     |
| Street address: | <input type="text" value="Suite 4"/>                  |                   |                                                    |          |                                     |
|                 | <input type="text" value="Batley Business Park"/>     |                   |                                                    |          |                                     |
|                 | <input type="text" value="Technology Drive"/>         |                   |                                                    |          |                                     |
| Town/City:      | <input type="text" value="Batley"/>                   | Telephone number: | <input type="text" value="01924477212"/>           |          |                                     |
| Country:        | <input type="text" value="England"/>                  | Mobile number:    | <input type="text"/>                               |          |                                     |
| Postcode:       | <input type="text" value="WF17 6ER"/>                 | Fax number:       | <input type="text"/>                               |          |                                     |
|                 |                                                       | Email address:    | <input type="text" value="info@dkarchitects.net"/> |          |                                     |

### 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:

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

## 10. Site Visit

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

No Material details were submitted for this application

## 12. Certificates (Certificate A)

### Certificate of Ownership - Certificate A Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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 to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding (*"agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act*).

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