

APPLICATION NO.	
DATE LODGED	
RECEIPT NO.	FEE RECEIVED
CARD	OTHER
KIRKLEES COUNCIL 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

## Application for Outline Planning Permission With Some Matters Reserved. Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://www.planningportal.gov.uk/apply)

### 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.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

### 1. Applicant Name and Address

Title: Mr. First name: N.G.

Last name: LEE

Company (optional):

Unit: House number: House suffix:

House name: 9/o

Address 1: AGENT.

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

### 2. Agent Name and Address

Title: Mr. First name: MALCOLM

Last name: SIZER

Company (optional): MALCOLM SIZER PLANNING LTD

Unit: House number: 17 House suffix:

House name:

Address 1: KISTVAEN GARDENS

Address 2: MELTHAM

Address 3: £

Town: HOUMFATH

County:

Country:

Postcode: HA9 9NQ

### 3. Description of the Proposal

Please indicate those reserved matters for which approval is being sought (tick all that apply):

☐ None ☒ Access ☐ Appearance ☐ Landscaping ☐ Layout ☐ Scale

Please describe the proposed works:

RESIDENTIAL DEVELOPMENT

Has building or works already been carried out? ☐ Yes ☒ No

Have the works been completed? ☐ Yes ☒ No

If Yes, please state the date when building or works were started (DD/MM/YYYY):  
(date must be pre-application submission)

If Yes, please state the date when the works were completed (DD/MM/YYYY):  
(date must be pre-application submission)



#### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:  adjacent to 208

Address 2:  YELD TREE ROAD

Address 3:  BIRCHENCLIFFE

Town:  HUDDERFIELD

County:

Postcode (optional):  HD9 2EQ

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

Easting:  Northing:

Description:

#### 5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☒ Yes ☐ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:  ADAM WALKER

Reference:  2015/202/80

Date (DD/MM/YYYY):  11/07/2017  
(must be pre-application submission)

Details of pre-application advice received?  ACCESS REQUIREMENTS

#### 6. 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 ☐ Unknown

Is a new or altered pedestrian access proposed to or from the public highway? ☒ Yes ☐ No ☐ Unknown

Are there any new public roads to be provided within the site? ☐ Yes ☒ No ☐ Unknown

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☒ No ☐ Unknown

Do the proposals require any diversions /extinguishments and/or creation of rights of way? ☐ Yes ☒ No ☐ Unknown

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

VIA SOLUTIONS  
1711601  
AUGUST 2017.

#### 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☐ Yes ☒ No ☐ Unknown

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste? ☐ Yes ☒ No ☐ Unknown

If Yes, please provide details:

#### 8. 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

If Yes, please provide details of the name, relationship and role

## 9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Roof			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Doors			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vehicle access and hard-standing			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lighting			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Others (please specify)			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

~~NO~~ DESIGN AND ACCESS STATEMENT  
WITHIN PLANNING STATEMENT.

## 10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Unknown total proposed (including spaces retained)	Difference in spaces
Cars			<input type="checkbox"/>	
Light goods vehicles/ public carrier vehicles			<input type="checkbox"/>	
Motorcycles			<input type="checkbox"/>	
Disability spaces			<input type="checkbox"/>	
Cycle spaces			<input type="checkbox"/>	
Other (e.g. Bus)			<input type="checkbox"/>	
Other (e.g. Bus)			<input type="checkbox"/>	



## 11. Foul Sewage

Please state how foul sewage is to be disposed of:

- |  |   |
|--|---|
| <input type="checkbox"/> Mains sewer             | <input type="checkbox"/> Cess pit           |
| <input type="checkbox"/> Septic tank             | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Package treatment plant | <input checked="" type="checkbox"/> Unknown |

Are you proposing to connect to the existing drainage system? ☒ Unknown ☐ Yes ☐ No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

THE DRAINAGE REPORT OPTION IS ONE TO BE AGREED

## 12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☐ Yes ☒ No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? ☐ Yes ☒ No

Will the proposal increase the flood risk elsewhere? ☐ Yes ☒ No

How will surface water be disposed of?

- |  |   |
|--|---|
| <input type="checkbox"/> Sustainable drainage system | <input type="checkbox"/> Existing watercourse |
| <input type="checkbox"/> Soakaway                    | <input type="checkbox"/> Pond/lake            |
| <input type="checkbox"/> Main sewer                  |   |
- TO BE AGREED

## 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

b) Designated sites, important habitats or other biodiversity features:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

c) Features of geological conservation importance:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

## 14. Existing Use

Please describe the current use of the site:

~~FOREST~~

Is the site currently vacant? ☒ Yes ☐ No

If Yes, please describe the last use of the site:

~~PART FOREST~~

When did this use end (if known)?  
(DD/MM/YYYY)

(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

## 15. Trees and Hedges

Are there trees or hedges on the proposed development site? ☒ Yes ☐ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☐ Yes ☒ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

## 16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste



**17. Residential Units (Including Conversion)**

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:

☒ Yes☐ No**Proposed Housing**

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Total proposed residential units (A + B + C + D) =

?

**Existing Housing**

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Total existing residential units (E + F + G + H) =

?

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):

?



**18. All Types of Development: Non-residential Floorspace**

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

☐ Yes☒ No☐ Unknown

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Unknown	Total gross internal floorspace proposed (including change of use)(square metres)	Unknown	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Shops	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Net tradable area:	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Financial and professional services	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A3	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Restaurants and cafes	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A4	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drinking establishments	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A5	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Hot food takeaways*	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (a)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Office (other than A2)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (b)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Research and development	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (c)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Light industrial	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
General industrial	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B8	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Storage or distribution	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
C1	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Hotels and halls of residence	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
C2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Residential institutions	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
D1	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Non-residential institutions	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
D2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Assembly and leisure	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
OTHER	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Please Specify	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Total							

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Unknown	Total rooms proposed (including changes of use)	Unknown	Net additional rooms
C1	Hotels	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C2	Residential Institutions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OTHER		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Please Specify		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**19. Employment**

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees		N/A	
Proposed employees			

**20. Hours of Opening**

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
		N/A		

**21. Site Area**

Please state the site area in hectares (ha)

0.55



## 22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? ☐ Yes ☒ No ☐ Unknown

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Unknown	Maximum annual operational throughput in tonnes (or litres if liquid waste)	Unknown
Inert landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Non-hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Energy from waste incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Landfill gas generation plant	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pyrolysis/gasification	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal recycling site	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Transfer stations	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Household civic amenity sites	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Open windrow composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
In-vessel composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Anaerobic digestion	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Sewage treatment works	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other treatment	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Storage of waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other waste management	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other developments	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☒ No ☒ Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes)	<input type="text"/>	Ethylene oxide (tonnes)	<input type="text"/>	Phosgene (tonnes)	<input type="text"/>
Ammonia (tonnes)	<input type="text"/>	Hydrogen cyanide (tonnes)	<input type="text"/>	Sulphur dioxide (tonnes)	<input type="text"/>
Bromine (tonnes)	<input type="text"/>	Liquid oxygen (tonnes)	<input type="text"/>	Flour (tonnes)	<input type="text"/>
Chlorine (tonnes)	<input type="text"/>	Liquid petroleum gas (tonnes)	<input type="text"/>	Refined white sugar (tonnes)	<input type="text"/>

Other:

Other:

Amount (tonnes):

Amount (tonnes):

## 24. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form

### 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\* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\*

**NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.**

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

### CERTIFICATE OF OWNERSHIP - CERTIFICATE B

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

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land or building to which this application relates.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

Name of Owner / Agricultural Tenant	Address	Date Notice Served
KIABLEES COUNCIL PROPERTY SERVICES	CIVIC CENTRE 1, HIGH STREET HUADERSFIELD HD1 2NF	15/01/2018

Signed - Applicant:

Or sign

Date (DD/MM/YYYY):



## 25. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.

The original and 3 copies\* of a completed and dated application form:

☒ The correct fee:

The original and 3 copies\* of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

☒ The original and 3 copies\* of a design and access statement, if required (see help text and guidance notes for details):

The original and 3 copies\* of other plans and drawings or information necessary to describe the subject of the application:

☒ The original and 3 copies\* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):

\*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

## 26. 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.

Signed - Applicant:

Or signed

Date (DD/MM/YYYY):

16/01/2018

(date cannot be pre-application)

## 27. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

## 28. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

07495 630460

Country code:

Fax number (optional):

Email address (optional):

malcolm.sizer@hotmail.com

## 29. 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)

☒ Agent

☐ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: