

## **High Peak Borough Council**

## working for our community

2. Agent Name and Address

First name:

Design + Detaul.

Householder Application for Planning Permission for works or extension to a dwelling. 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

## Publication of applications on planning authority websites

First name:

rakman.

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.

1. Applicant Name and Address

Title:

Last name:

Company

(optional):

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

Title:

Last name:

(optional):

Unit: A O House suffix:	Unit: House number: 6. Suffix:
House name:	House name:
Address 1: ASH CHROVE	Address 1: LEY LANE
Address 2: CHINLEY.	Address 2: MARPLE BRIDGE
Address 3:	Address 3:
Town:	Town: STOCKPOET:
County:	County: CHESHIRE
Country: 23	Country:
Postcode: SK12 6BQ.	Postcode: 5K6 5DD,
3. Description of Proposed Works	
Please describe the proposed works:	
Side attached extension over existing garage additional (av parterna to frontage.	

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access
Unit: House number: 40 House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes No  Do the proposals require any diversions,
Address 1: ash Greave	extinguishments and/or creation of public rights of way?
Address 2: Chinley.	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town:	
County: 23	
Postcode (optional): 5K126BQ	
authority about this application?  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 possible:  Officer name:  Reference:  Date (DD MM YYYY): (must be pre-application submission)  Details of the pre-application advice received:	are within falling distance of your proposed development?  If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:  Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.
8. Parking Will the proposed works affect existing car parking arrangements?  If Yes, please describe:  FURTHEN 2 No. pareting tay havd standing.	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  If Yes, please provide details of the name, relationship and role

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	Re-con. Stone.	to match.		
Roof	anu. turng.	to mater.		
Windows	upvc.	o maten.		
Doors	Upvc.	to match.		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing	tax.	tav. or paviors.		
Lighting				
Others (please specify)				
f Yes, please state refer	itional information on submitted plan(s)/dr rences for the plan(s)/drawing(s)/design and 5 · 2601 · 1 <sub>)</sub> 2 <sub>2</sub> 3 ¢ 4 .		Yes	No

11. Ownership Certificates	he completed together with	the Agricultural Holdings Cort	ificate with this application form
One Certificate A, B, C, or D, must	CERTIFICATE OF OWNE	the Agricultural Holdings Cert RSHIP - CERTIFICATE A	micate with this application form
Town and Country Planning (Lecrtify)/The applicant certifies that on owner (owner is a person with a freehold	Development Management Pr	ocedure) (England) Order 201	O Certificate under Article 12 eptanyself the applicant was the wart of the land or building to
which the application relates. Signed - Applicant:			Date (DD/MM/YYYY):
Signed - Applicant.			
			4.3.11.
	CERTIFIC		
Town and Country Planning (D I certify/ The applicant certifies that I k 21 days before the date of this applicat left to run) of any part of the land or bui	Development Management Pr nave/the applicant has given th tion, was the owner ( <i>owner is a</i>	e requisite notice to everyone e person with a freehold interest or	Ise (as listed below) who, on the day
Name of Owner	The winds this application	Address	Date Notice Served
Signed - Applicant:	Or signed -	Agent:	Date (DD/MM/YYYY):
3			
	N		
certify/ The applicant certifies that:  Neither Certificate A or B can be All reasonable steps have beer interest or leasehold interest with been unable to do so.  The steps taken were:	n taken to find out the names a	nd addresses of the other owner ne land or building, or of a part o	s (owner is a person with a freehold f it , but I have/ the applicant has
Name of Owner		Address	Date Notice Served
, tame of a time.		71001000	
	/		
/			
Notice of the application has been put	olished in the following newspa	per On the following	date (which must not be earlier
(circulating in the area where the land	is situated):	than 21 days ber	ore the date of the application):
Signed - Applicant:	Or signed -	Agent:	Date (DD/MM/YYYY):

Certify/ The applicant certifies that:     Certificate A cannot be issued for t     All reasonable steps have been tak	CERTIFICATE OF OWNERSHIP - CERTIFICAT elopment Management Procedure) (England) his application ten to find out the names and addresses of ever	Order 2010 Certificate under Article 12
Notice of the application has been publish (circulating in the area where the land is sit	ed in the following newspaper On that uated):	the following date (which must not be earlier a 21 days before the date of the application):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
Agricultu	AGRICULTURAL LAND DECLARATION opment Management Procedure) (England) (ral Land Declaration - You Must Complete Either on relates is or is part of an agricultural holding distinct of	r A or B
as listed below:  Name of Tenant	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
information required will result in your appli the Local Planning Authority has been subm The original and 3 copies of a completed and dated application form: The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale	sure you have sent all the information in suppor ication being deemed invalid. It will not be cons	t of your proposal. Failure to submit all sidered valid until all information required by  The correct fee:  The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable):  The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):

14. Declaration  I/we hereby apply for planning permission/consent as described in the information.	nis form and the accompanying plans/drawings and additional
Signed - Applicant:	Date (DD/MM/YYYY):
	4.3.11. (date cannot be pre-application)
15. Applicant Contact Details	To. Agent contact betails
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Country code: National number:  OIGI. 427 7359.  Country code: Mobile number (optional):
Country code: Fax number (optional):  Email address (optional):	Country code: Fax number (optional):  Email address (optional):
	Jamesfalby a) MSM. com.
17. 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 Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	-5
Contact name:	Telephone number:
Email address:	