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# Application for Planning Permission and Listed Building Consent for alterations, extension or demolition of a listed building

Town and Country Planning Act 1990 (as amended)
Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

#### **Privacy Notice**

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Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

#### Local Planning Authority details:



### COUNCIL OF THE ISLES OF SCILLY

Planning Department Town ffall, St Mary's, Isles of Soilly, Fil21 Orty ) 01720 424455 "planning@scilly gov uk

## **Publication on Local Planning Authority websites**

Information provided on this form and in supporting documents may be published on the authority's planning register and website. Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

1. Applic	ant Name and Address
Title:	MR. First name: RICHARD
Last name:	CARSTICK
Company (optional):	
Unit:	House number: 2A House suffix:
House name:	
Address 1:	SARLS DOWN ROAD
Address 2:	
Address 3:	
Town:	EXLLOUTH
County:	JEVOIN
Country:	UNITED KINGDOM
Postcode:	EX8 2HY

_ rigentitum	Te and Address	
Title:	First name:	
Last name:	/	
Company (optional):	(a)	
Unit:	House number:	House suffix:
House name:		
Address 1:		
Address 2:		
Address 3:		
Town:		
County:		
Country:		
Postcode:		

Agent Name and Address

Please describe details of the proposed development or works including details of proposals to alter, extend or demolish the listed building(s):
gi,
REPLACEMENT, LIKE FOR LIKE, OF WOODEN SASH WINDOWS ON
THE FRONT OF THE HOUSE WITH NEW WOODEN SASH WINDOWS
BUT WITH DOUBLE GLAZED UNITS FOR ENERGY SAVING.
Refluce west, like for like, of hoosen Front Brown
THE STRUCKEN DOORS
Has the development or work(s) already started?
If Yes, please state the date when development or work(s) were started (DD/MM/YYYY):  (date must be pre-application submission)
Has the development or work(s) been completed?
If Yes, please state the date when the development or work(s) was completed (DD/MM/YYYY); (date must be pre-application submission)
Reference number of permission in principle being relied on (technical details consent applications only):
Is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)?
4. Site Address Details S. Pre-application Advice
4. Site Address Details  Please provide the full postal address of the application site.  Unit:    House   G
Please provide the full postal address of the application site.  Unit: House number: 6 House suffix: House number: 6 House suffix: House number: 6 House suffix: House number: 6 House number: 7 House number:
Please provide the full postal address of the application site.  Unit: House number: 6 House suffix: House name: ARMOREL COTAGE  Address 1: THE PARASE.  Has assistance or prior advice been sought from the local authority about this application? Yes No lif 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 provide the full postal address of the application site.  Unit: House number: 6 House suffix: House name: ARMEL COTAGE  Has assistance or prior advice been sought from the local authority about this application? Yes No lif Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Please provide the full postal address of the application site.  Unit: House number: 6 House suffix:   House name: ARMOREL COTAGE  Address 1: THE PARASE  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
Please provide the full postal address of the application site.  Unit: House number: 6 House suffix:   House name: ARMOREL COTTAGE  Address 1: THE PARA SE  Address 2: 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:
Please provide the full postal address of the application site.  Unit: House number: 6 House suffix:  House name: ARMOREM COTTAGE  Address 1: THE PARA SE  Address 2: Address 3:  Town: HUGH TOWN  Reference:  Reference:
Please provide the full postal address of the application site.  Unit: House number: 6 House suffix:  House name: ARMOREL COTTAGE  Address 1: THE PARADE  Address 2: Address 3:  Town: HUGH TOWN  County: ISLES OF SCILLY  Postcode (portional): TR 21 OLP:  Has assistance or prior advice been sought from the local authority about this application?  Wes No  Has assistance or prior advice been sought from the local authority about this application?  Wes No  Has assistance or prior advice been sought from the local authority about this application?  Wes 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:  AMIL DITENS SMGUST LO21  F. MAIL DITENS SMGUST LO21
Please provide the full postal address of the application site.  Unit: House number: 6 House suffix: 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).  Address 1: THE PARA DE  Address 3: Officer name:  Town: HUGH TOWN  County: ISLES & SCIWY  Postcode (optional): Description of location or a grid reference.  Postcode (optional): Description of location or a grid reference.
Please provide the full postal address of the application site.  Unit:
Please provide the full postal address of the application site.  Unit: House house suffix: 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).  Address 1: THE PARA SE  Address 3: Officer name:  Town: HUGH TOWN  County: SLES of SCIWY  Postcode (optional): Description of location or a grid reference. (must be completed if postcode is not known):  Please provide the full postal address of the application site.  Has assistance or prior advice been sought from the local 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 as possible:  Officer name:  F. MAL STEN SAUGUST 2021  Date (DD/MMYYYY):  (must be pre-application submission)  Details of pre-application advice received?
Please provide the full postal address of the application site.  Unit:
Please provide the full postal address of the application site.  Unit:
Please provide the full postal address of the application site.  Unit:

	6. Pedestrian and Vehicle Access, Road	ds and Rig	hts of Way	7. Waste Stor	age and Collection		
	Is a new or altered vehicle access proposed to or from the public highway?	Yes	No No	Do the plans inco	orporate areas to store ction of waste?	Yes	☐ No
	Is a new or altered pedestrian access propos to or from the public highway?	ed Yes	✓ No	If Yes, please pro	vide details:  All McASAE		
	Are there any new public roads to be provided within the site?	Yes	Ø No	No	AN MOASAC	`	
	Are there any new public rights of way to be provided within or adjacent to the site?	Yes	No				
	Do the proposals require any diversions /extinguishments and/or creation of rights of way?	Yes	<b>☑</b> No				
	If you answered Yes to any of the above que details on your plans/drawings and state the (s)/drawings(s)	estions, plea e reference	ase show of the plan	Have arrangemer storage and colle of recyclable was		orate Yes	□No
				If Yes, please pro		L	
				-	APPLICABLE		
						·	
							]
1	8. Authority Employee / Member						
	It is an important principle of decision-makir means related, by birth or otherwise, closely conclude that there was bias on the part of t	enough tha	at a fair-minde	ed and informed of	server, having considered		
	Do any of the following statements apply to			res No	With respect to the author	ity, I am:	
					(a) a member of staff (b) an elected member		
					(c) related to a member of		
	W				(d) related to an elected n	nember	
	If Yes, please provide details of their name, r	ole and hov	w you are rela	ted to them.			
1							

9. Demolition			10. Listed Building Alte	rations		
Does the proposal include the p total demolition of a listed build		No	Do the proposed works include to a listed building?		Yes	VNo
If Yes, which of the following do	es the proposal involve?	,	If Yes, do the proposed works	include		
a) Total demolition of the listed		No	(you must answer each of the	questions)		,
b) Demolition of a building with the curtilage of the listed building	in	No	a) Works to the interior of the	ouilding?	Yes	No
c) Demolition of a part of the list		No	b) Works to the exterior of the	building?	Yes	No
If the answer to c) is Yes:			c) Works to any structure or ob	lect fixed	7720	
i) What is the total volume of the listed building?(cubic metres)			to the property (or buildings w its curtilage) Internally or exter	ithin	Yes	No
ii) What is the volume of the part to be demolished?(cubic metres)			d) Stripping out of any internal	wall, ceiling		1
iii) What was the (approximate) erection of the part to be removed	red? (MM/YYYY)		or floor finishes (e.g. plaster, flo If the answer to any of these q	uestions is Yes.	Yes	vide
(date must be pre-application s Please provide a brief descript building you are proposing to d	ion of the building or pa	art of the	plans, drawings, photographs extent and character of the ite proposal for their replacemen	sufficient to ide ms to be remov t. including any	entify the lo red, and the new mean	cation, e s of
			structural support and state re			
/		-	REPLACEMENT WINDOWS AN SIMILAR	of Woo	Den.	
			WINDOWS AN	A DOOR	is wil	H
Why is it necessary to demolish of the building(s) and or structure	or extend (as applicable) a re(s)?	all or part	SIMILAR.			
			0110			
			SEE SEC	tion 3		
		1	III DE BEC	11014	•	
1						
11. Listed Building Gradi	- T	=	12. Immunity From Listi	ng		
Please state the grading (if know Buildings of Special Architectural	n) of the building in the lis	st of	12. Immunity From Listi Has a Certificate of Immunity from this building?	-	n sought in	respect of
[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	n) of the building in the lis	st of e: only	Has a Certificate of Immunity fr	om Listing beer		
Please state the grading (if know Buildings of Special Architectural	n) of the building in the lis	st of e: only	Has a Certificate of Immunity for this building?	om Listing beer	Don't know	
Please state the grading (if know) Buildings of Special Architectural one box must be ticked)	n) of the building in the list or Historic interest? (Note	st of e: only	Has a Certificate of Immunity from this building?	om Listing beer	Don't know	
Please state the grading (if know Buildings of Special Architectural one box must be ticked) Grade I	n) of the building in the lis or Historic interest? (Note Ecclesiastical Grade I	st of e: only	Has a Certificate of Immunity for this building?	om Listing beer	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked)  Grade [ Grade II G	n) of the building in the list or Historic interest? (Note Ecclesiastical Grade ( Ecclesiastical Grade (1)*	st of e: only	Has a Certificate of Immunity for this building?	om Listing beer	Don't know	
Please state the grading (if know Buildings of Special Architectural one box must be ticked) Grade I Grade II Grade II	n) of the building in the lis or Historic interest? (Note Ecclesiastical Grade I Ecclesiastical Grade II	st of e: only	Has a Certificate of Immunity for this building?	om Listing beer	Don't know	
Please state the grading (if know Buildings of Special Architectural one box must be ticked)  Grade I  Grade II  Grade II  Vehicle Parking	n) of the building in the lis or Historic interest? (Note Ecclesiastical Grade I Ecclesiastical Grade II Ecclesiastical Grade II	e: only	Has a Certificate of Immunity from this building?  Yes  No If Yes, please provide the result	om Listing beer	Don't know	
Please state the grading (if know Buildings of Special Architectural one box must be ticked) Grade I Grade II Grade II	n) of the building in the lis or Historic interest? (Note Ecclesiastical Grade I Ecclesiastical Grade II Ecclesiastical Grade II	e: only	Has a Certificate of Immunity from this building?  Yes  No If Yes, please provide the result	of the applicat	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked)  Grade I  Grade II  Grade II  Please provide information or	n) of the building in the list or Historic interest? (Note Ecclesiastical Grade II*  Ecclesiastical Grade II*  Don't know  In the existing and propose	e: only	Has a Certificate of Immunity from this building?  Yes No.  If Yes, please provide the result of on-site parking spaces:  Total proposed (including)	of the applicat	Don't know	
Please state the grading (if know Buildings of Special Architectural one box must be ticked)  Grade ( Grade   Formation of Buildings of Special Architectural one box must be ticked)  Grade   Formation of Type of Vehicle	n) of the building in the list or Historic interest? (Note Ecclesiastical Grade II*  Ecclesiastical Grade II*  Don't know  In the existing and propose	e: only	Has a Certificate of Immunity from this building?  Yes No.  If Yes, please provide the result of on-site parking spaces:  Total proposed (including)	of the applicat	Don't know	
Please state the grading (if know Buildings of Special Architectural one box must be ticked)  Grade     Grade     Grade     V	n) of the building in the list or Historic interest? (Note Ecclesiastical Grade II*  Ecclesiastical Grade II*  Don't know  In the existing and propose	e: only	Has a Certificate of Immunity from this building?  Yes No.  If Yes, please provide the result of on-site parking spaces:  Total proposed (including)	of the applicat	Don't know	
Please state the grading (if known Buildings of Special Architectural one box must be ticked)  Grade II  Grade II  Grade II  Grade II  Light goods vehicles/public carrier vehicles	n) of the building in the list or Historic interest? (Note Ecclesiastical Grade II*  Ecclesiastical Grade II*  Don't know  In the existing and propose	e: only	Has a Certificate of Immunity from this building?  Yes No.  If Yes, please provide the result of on-site parking spaces:  Total proposed (including)	of the applicat	Don't know	
Please state the grading (if know Buildings of Special Architectural one box must be ticked)  Grade I	n) of the building in the list or Historic interest? (Note Ecclesiastical Grade II*  Ecclesiastical Grade II*  Don't know  In the existing and propose	e: only	Has a Certificate of Immunity from this building?  Yes No.  If Yes, please provide the result of on-site parking spaces:  Total proposed (including)	of the applicat	Don't know	

	Existing (where applicable)	Proposed	Not applicable	Don Know
External walls		/		
Roof covering				
Chimney				
Windows				
External doors				
Ceilings				
Internal walls				
Floors				
Internal doors				
Rainwater goods				
Boundary treatments (e.g. fences, walls)	/			
Vehicle access and hard standing				
Lighting				
Others (add description)				

15. Foul Sewage	16. Assessment of Flood Risk
6 of 12 now foul sewage is to be disposed of:    Mains sewer   Cess pit	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
Septic tank Other	planning authority requirements for information as necessary.)
Package treatment plant	Yes No If Yes, you will need to submit a Flood Risk Assessment to consider
Are you proposing to	the risk to the proposed site.
connect to the existing drainage system? Yes No  If Yes, please include the details of the existing system on the	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase   the flood risk elsewhere?   Yes   No
	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer No CHANGE.
17. Biodiversity and Geological Conservation	18. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
notes for further information on when there is a reasonable	0-1-1
likelihood that any important biodiversity or geological conservation features may be present or nearby and whether	MESIDENTIAL .
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	Is the site currently vacant?
or near the application site?	If Yes, please describe the last use of the site:
a) Protected and priority species:	1
Yes, on the development site  Yes, on land adjacent to or year the proposed development	HOLIDAY LET.
No	
b) Designated sites, important/habitats or other biodiversity	
features:	When did this use end (if known)? ON GOING
Yes, on the development site	(date where known may be approximate)
Yes, on land adjacent to or near the proposed development  No	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.
c) Features of geological conservation importance:	Land which is known to be contaminated? Yes No
Yes, on the development site	Land where contamination is suspected for all or part of the site?  Yes
. Yes, on land adjacent to or near the proposed development	A proposed use that would be particularly vulnerable
No	to the presence of contamination? Yes V No
19. Trees and Hedges	20. Trade Effluent
Are there trees or hedges on the proposed development site?	Does the proposal involve the need to dispose of trade effluents or waste?  Yes  No
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
development or might be important as part Yes No	- STORE STIMETING OF WORLD
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	/

<b>21. Residential L</b> Does your proposal i If Yes, please comple	nclude ti	ne aa	in. lo	ss or c	hang	of use of	reside	ntial units? Yes	M.	No					
	Propo	sed	Hou	sing				I	Existi	ing l	lous	ina			-
Market Housing	Not		7	ber of		7	Total	Market	Not			ooms	Tota		
Houses	KIIOWII	1	2	3	4+	Unknowi	1	Housing	known	1	2	3	4+	Unknown	1
Flats/maisonettes	+=	$\vdash$	+	+-	-		-	Houses					_	-	ļ
Sheltered housing	17	-	+-	-	-		-	Flats/maisonettes							1
Bedsit/studios	15	-	-	+			-	Sheltered housing	<u> </u>				_		-
Cluster flats	1	-	+-	+-	-	<del> </del>	<del> </del>	Bedsit/studios					ļ		-
Other	十一		$\vdash$	+	-			Cluster flats							-
		To	tals (	$\frac{1}{2+b+1}$	· c+d	+ e + f) =	+-	Other			<u> </u>	<u></u>	L		-
Social, Affordable	T	1						7 1 1 9 6 1 1 1	T					+e+f)=	-
or intermediate	Not known	1	Num 2	ber of	Bedr 4+	Unknowr	Total	Social, Affordable or Intermediate Rent	Not known	1	Numl 2	ber of	Bedr 4+	ooms Unknown	Tota
Houses								Houses		·		-	ļ · ·	- I	+
Flats/maisonettes								Flats/maisonettes				-	-	<b></b>	$\vdash$
Sheltered housing								Sheltered housing						<b>†</b>	$\vdash$
Bedsite/studios								Bedsit/studios							_
Cluster flats								Cluster flats							_
Other								Othe							-
		To	tals (c	1+6+	c+d	+ e + f) =	-			Tot	als (a	+ 6 +	c+d	+e+f)=	<u> </u>
Affordable Home	Not		Num	ber of	Bedro	oms	Total	Affordable Home	Not	Number of Bedrooms 1			Tota		
Ownership	known	1	2	3	4+	Unknown		Ownership	known	1	2	3	4+	Unknown	
Houses	$\perp \Box$			-				Houses							
Flats/maisonettes			-	-				Flats/maisonettes							
Sheltered housing	$+ \square$		ļ			***************************************		Sheltered housing							
Bedsit/studios	$+ \square$			-				Bedsit/studios							-
Cluster flats Other				-				Cluster flats							-
Other		Tot	rale (a		c i d	+ e + f) =		Other							
			-		-					-		-		+ e + f) =	
Starter Homes	Not known	1	Numl 2	per of	-	oms Unknown	Tota	Starter Homes	Not known	1	Numb 2	er of	Bedro 4+	oms Unknown	Tota
Houses								Houses							
Flats/maisonettes								Flats/maisonettes							
Bedsit/studios								Bedsit/studios							
Other							- 1	Other							
			То	tals (c	1+6+	-c+d)=					Tot	tals (c	1+6+	+c+d)=	
Self Build and Custom Build	Not known	1	Numb	per of		oms Unknown	Total	Self Build and Custom Build	Not known	1	lumb 2	er of	Bedro	oms Unknown	Total
Houses								Houses		-+	_	-	44	CHRIOWI	
Flats/maisonettes								Flats/maisonettes		$\neg$					
Bedsit/studios							- 1	Bedsit/studios	<u>_</u>	$\dashv$					
Other								Other		$\dashv$	$\neg \dagger$				
			To	tals (a	+ 6+	c+d)=					To	tals (c	1+6+	+c+d)=	
												**********			
Total proposed resi	dential r	mits	IA.	+ 8 + 0	-+ D	LF)		Total existing res	donein	. amile	- 11		11 . 1		7

		•		Non-resident	•			
				n or change of u	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN	AND DESCRIPTION OF THE PERSON		No
If you have answered Yes to the Use class/type of use			Not applicable		Gross internal to be lost by use or den	floorspace change of nolition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	She	ops						
	Net trada	ble area:						/
A2		ial and al services						
A3	Restaurant	s and cafes						
A4	Drinking est	ablishments						
A5	Hot food	akeaways						
B1 (a)		er than A2)						
B1 (b)		ch and pment					1	
B1 (c)	1	dustrial						
B2	General	industrial					*	
BB	Storage or	distribution			/	/		
C1 Hotels and halls of residence								
C2 Residential institutions								
D1	Non-residential institutions							
D2	Assembly	and leisure			/			
OTHER								
Please specify								
		ital			1			
	dition, for ho		-				dicate the loss or gain of	rooms
Use class Type of use Not applicable			EXIST	ng rooms to be of use or dem		cl	ns proposed (including hanges of use)	Net additional rooms
<b>C</b> 1	Hotels					/		
C2	Residential Institutions							
OTHER					/			
Please specify								
	ployment							
Please co	omplete the f	ollowing info	ormat	ion regarding er	T		7	al full-time
				Full-time	Part-	time		quivalent
	isting employ posed emplo				+			
24 Ha	urs of Ope	nina						
			oper	ning (e.g. 15:30)	for each non-res	idential use		
	Use	Me	onday	to Friday	Saturday		Sunday and Bank Holidays	Not known

ır yo	u nave answ	erea yes to tr		stion above piea	ase add details			
U	Use class/type of use		Not applicable	Existing gross internal floorspace (square metres)	Gross interna to be lost by use or der (square r	change of molition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	Shops							
	Net trad	able area:						
A2	Finan- profession	cial and nal services						
<b>A</b> 3	Restauran	ts and cafes						
A4	Drinking es	tablishments						
A5		takeaways						
B1 (a)		er than A2)						
B1 (b)		rch and opment						
B1 (c)		ndustrial						
B2	General	industrial						
B8		distribution						
C1		nd halls of lence						
C2		institutions						
D1		sidential utions						
D2							1-11-11-11-11-11-11-11-11-11-11-11-11-1	
OTHER	IER					***************************************	Fig.	
Please specify								
	To	ital		,				
In ad	dition, for ho	tels, residenti	al ins	titutions and hos	tels, please add	ditionally inc	licate the loss or gain of	rooms
Use class	Type of use	Not applicable	Existi	ng rooms to be lo of use or demo		Total room ch	s proposed (including anges of use)	Net additional rooms
C1	Hotels							
	Residential Institutions							
OTHER								
Please specify								
23. Em	ployment							
		ollowing info	rmati	on regarding em	ployees:			
				Full-time	Part-	time /		ıl full-time uivalent
	sting employ							W. V. W
Prop	oosed emplo	yees						
24. Hou	ırs of Opei	ning	-				/	
			openi	ing (e.g. 15:30) fo	r each non-res	idential use	proposed:	
	Use	Мо	nday	to Friday	Saturday		Sunday and Bank Holidays	Not known
25. Site	Area			7		-		
		ea in hectare:	s (ha)					

26. Industrial or Commercial Proce	seece and Machinery	
1	•	
Please describe the activities and processes be carried out on the site and the end prod	which would have sincluding the sinc	4
I Diant, ventilation or air conditioning Please	include the I I I I I I I I I	ARI E
type of machinery which may be installed o		MINCE.
Is the proposal a waste management develo		
If the answer is Yes, please complete the foll	owing table:	
11	The total capacity of the void in cubic metres,	Maximum annual operational
11	including engineering surcharge and making no allowance for cover or restoration material (or	Maximum annual operational through put in tonnes
	tonnes if solid waste or litres if liquid waste)	(or litres if liquid waste)
Inert landfill		/
Non-hazardous landfill		
Hazardous landfill		
Energy from waste incineration		and the same of th
Other incineration		
Landfill gas generation plant		
Pyrolysis/gasification		
Metal recycling site		
Transfer stations		
Material recovery/recycling facilities (MRFs)		
Household civic amenity sites		
Open windrow composting		
In-vessel composting		
Anaerobic digestion		
Any combined mechanical, biological and/ or thermal treatment (MBT)		
Sewage treatment (WST)	<del></del>	
Other treatment	<del>                                     </del>	
Recycling facilities construction, demolition and excavation waste		
Storage of waste		
Other waste management		
Other developments		
Please provide the maximum annual operation	onal throughput of the following waste streams:	
Municipal	The state of the s	
Construction, demolition and ex-	cavation	
Commercial and industria		
Hazardous		
If this is a landfill application you will need to	provide further information before your application can	he determined. Your waste
planning authority should make clear what in	formation it requires on its website.	or determined four mare
27. Hazardous Substances		
Does the proposal involve the use or storage	of any of	
the following materials in the quantities state	d below? Yes / No Not applicabl	le
If Yes, please provide the amount of each subs		
Acrylonitrile (tonnes)	Ethylene oxide (tonnes)	Phosgene (tonnes)
Ammonia (tonnes)	lydrogen gyanide (tonnes) Sulpl	hur dioxide (tonnes)
Bromine (tonnes)	Liquid oxygen (tonnes)	Flour (tonnes)
Chlorine (tonnes) Liqu	id petroleum gas (tonnes) Refined v	white sugar (tonnes)

#### عن. 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 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was 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 is part of, an agricultural holding\*\*

should sign Cartificate B. C. or D. as appropriate. If you are the sole owner of the land or building to Which

Signed - Applicant:	given by reference to the definition of "agricultural tenant" in section 65(8) of Ør signed - Agent:	Date (DD/MM/YYY
Signed Applicants		
Regulation 6 of the learning o	CERTIFICATE OF OWNERSHIP - CERTIFICATE B elopment Management Procedure) (England) Order 2015 Certificate ne Planning (Listed Buildings and Conservation Areas) Regulations 19 /e/the applicant has given the requisite notice to everyone else (as listed on, was the owner* and/or agricultural tenant** of any part of the land stor leasehold interest with at least 7 years left to run. liven in section 65(8) of the Town and Country Planning Act 1990	below) who, on the (
Name of Owner / Agricultural Tenant	Address	Date Notice Served
	Or signed - Agent:	Date (DD/MM/YYY

Date (DD/MM/YYYY):

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28. Ownership Certificates and A Town and Country Planning (Deve Regulation 6 of the I certify/ The applicant certifies that: Neither Certificate A or B can be is All reasonable steps have been ta the land or building, or of a part of ""owner" is a person with a freehold interest ""agricultural tenant" has the meaning giv The steps taken were:	CERTIFICAT Plopment Mana e Planning (List ssued for this ap then to find out of it, but I have/ tor leasehold in	E OF OWNERSHIP - CERT agement Procedure) (Eng ted Buildings and Conser oplication the names and addresses the applicant has been un.	(IFICATE C yland) Order 2015 Certificate (vation Areas) Regulations 19 of the other owners* and/or ag able to do so.	990	
Name of Owner / Agricultural Tenant		Address		Date Notice Served	
	/				
Nester - false and to de la		·			
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):  On the following date (which must not be earlier than 21 days before the date of the application):					
Signed - Applicant: Or signe		Or signed - Agent:		Date (DD/MM/YYYY):	
			/		
CERTIFICATE OF OWNERSHIP - CERTIFICATE D  Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990  I certify/ The applicant certifies that:  Certificate A cannot be issued for this application  All reasonable steps have been taken to find out the names and addresses of everyone else 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 to which this application relates, but I have/ the applicant has been unable to do so.  *"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  The steps taken were:					
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):  On the following date (which must not be earlier than 21 days before the date of the application					
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):	

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	and portained the
29. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all th Information required will result in your application being deemed in the Local Planning Authority (LPA) has been submitted.	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by
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 a fire statement, if required
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application.	(see help text and guidance notes for details):  The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable)
"National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronical LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their plans can be bought from one of the Planning Portal's accredited su	y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick). unning department to discuss these options.
30. Declaration  I/we hereby apply for planning permission/consent as described in the Information. I/we confirm that, to the best of my/our knowledge, any get em.  Sig Or signed - Agent:	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the  Date (DD/MM/YYYY): 4/10/102/1.  Date (DD/MM/YYYY): (date cannot be pre-application)
Telephone numbers  Extension number:	Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide:  Contact name:	other public land? Ves No Agent V Applicant Other (if different from the agent/applicant's details)  Telephone number:
Email address:	