Hinckley & Bosworth Borough Council

A Borough to be proud of

planning@hinckley-bosworth.gov.uk
01455 238141

Council Offices
Argents Mead
Hinckley
Leicestershire
LE10 1BZ

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

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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:	MRS
First name:	CATHERINE
Last name:	ELLIS
Company (optional):	
Unit:	
House number:	
House suffix:	
House name:	CARRIERS CROFT
Address 1:	SHEEPY ROAD
Address 2:	SIBSON
Address 3:	
Town:	
County:	WARWICKSHIRE
Country:	UK
Postcode:	CV13 6LE

2. Agent Name and Address

Title:	
First name:	
Last name:	
Company (optional):	
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name: CARRIERS CROFT

Address 1: SHEEPY ROAD

Address 2:

Address 3:

Town: SIBSON

County: WARWICKSHIRE

Postcode (optional): CV13 6LE

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

Easting: | Northing:

Description:

4. 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: JAMES HICKS

Reference: 10/00165/FUL

Date (DD/MM/YYYY): (must be pre-application submission) 27/5/2010

Details of pre-application advice received?

PLANNING PERMISSION GRANTED BASED ON APPLICATION SUBMITTED 2/3/2010

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

REPLACEMENT OF EXISTING FENCING & WOODEN GATES WITH WALLS & IRON GATES AT CARRIERS CROFT, SHEEPY ROAD, SIBSON, WARWICKSHIRE, CV13 6LE

Reference number: 10/00165/FUL Date of decision: 27/5/2010 (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	DEVELOPMENT TO START WITHIN 3 YEARS → WILL START SEPT 2010	6.	
2.	SAMPLES OF BRICKS & COPINGS (SEE BELOW)	7.	
3.	BRICK BONDING, MORTAR COLOUR, POINTING METHOD (SEE BELOW)	8.	
4.	DEVELOPMENT WILL BE IN ACCORDANCE WITH APPLICATION SUBMITTED	9.	
5.	GATES TO BE PAINTED BLACK	10.	

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Has the development already started? ☐ Yes ☑ No

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

Has the development been completed? ☐ Yes ☑ No

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

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

(2) SAMPLE BRICKS & COPINGS (RECLAIMED) ARE STORED IN PORCH AT REAR OF PROPERTY & ARE AVAILABLE FOR INSPECTION WHEN REQUIRED - AS AGREED WITH JAMES HICKS

(3) BRICK BOND = FLEMISH ; MORTAR = TO MATCH EXISTING PROPERTY; POINTING = FLUSH WITH BRICK TO EXPOSE EDGE.

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☐ Yes ☑ No

If Yes, please indicate which part of the condition your application relates to:

8. 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 has been submitted.

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

The correct fee: £25.00 ☑

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

ALREADY SUBMITTED IN APPLICATION 10/00165/FUL

9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant: CEEllis

Or signed - Agent:

Date (DD/MM/YYYY): 19/7/2010 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: 00 44 National number: 01827- 880774 Extension number:

Country code: Mobile number (optional): 07725- 813350

Country code: Fax number (optional):

Email address (optional): cathy_ellis@btinternet.com (underscore)

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. 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:

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