DISCONS

Hinckley & Bosworth Borough Council
A Borough to be proud of

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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

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

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:	HANISH
Last name:	CHOTAI
Company (optional):	
Unit:	
House number:	3
House suffix:	
House name:	
Address 1:	HIGH STREET
Address 2:	DESFORD
Address 3:	
Town:	LEICESTER
County:	LEICESTERSHIRE
Country:	ENGLAND
Postcode:	LE9 9JF

2. Agent Name and Address

Title:	MR
First name:	TIM
Last name:	BATES
Company (optional):	GORDON WHITE & HOOP
Unit:	
House number:	1
House suffix:	
House name:	BERESFORD HOUSE
Address 1:	NEWTOWN STREET
Address 2:	
Address 3:	
Town:	LEICESTER
County:	LEICESTERSHIRE
Country:	ENGLAND
Postcode:	LE1 6WH.

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: 18 | House suffix:

House name:

Address 1: MANOR ROAD

Address 2: DESFORD

Address 3:

Town: LEICESTER

County: LEICESTERSHIRE

Postcode (optional): LE9 9JR

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

Easting: 447744 Northing: 303386

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: LOUISE FORMAN

Reference: 10/00627/COU/CONDITIONS

Date (DD/MM/YYYY): 28/04/2011
(must be pre-application submission)

Details of pre-application advice received?

RE: CONDITION 3:- FACING BRICK SAMPLE REQUIRED - OTHER MATERIALS MAY BE DESCRIBED VERBALLY

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:

CHANGE OF USE FROM DWELLING HOUSE TO DENTAL SURGERY INCLUDING EXTENSIONS AND ALTERATIONS WITH ASSOCIATED PARKING.

Reference number: 10/00627/COU Date of decision: 05/10/2010 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.		6.	
2.		7.	
(3.)	APPROVAL OF ELEVATION MATERIALS	8.	
(4.)	PROTECTION OF HEDGE TO EASTERN SITE BOUNDARY.	9.	
5.		10.	

Has the development already started? ☐ Yes ☑ No

If Yes, please state when the development started (DD/MM/YYYY): N/A. (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): N/A. (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:

SEE ATTACHED SHEETS: - DRAWINGS NUMBERED 6375/113B AND 05B

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

The correct fee: ☑

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:

Or signed - Agent: MABATS

Date (DD/MM/YYYY): 06/05/2011 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: National number: 08448 151 516 Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: National number: 0116 2547868 Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional): tim@gwh.co.uk

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: