

FOR OFFICE USE ONLY:

REF:

DATE:

Town and Country Planning Act 1990

Town and Country Planning (General Permitted Development) Order 1995
(as amended)

NOTIFICATION OF PROPOSED CHANGE OF USE TO DWELLING(S)

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.

1. Applicant Name and Address	2. Agent Name and Address
Title: <input type="text"/> First Name: <input type="text"/>	Title: <input type="text"/> First Name: <input type="text"/>
Last Name: <input type="text"/>	Last Name: <input type="text"/>
Company (optional): <input type="text"/>	Company (optional): <input type="text"/>
Unit: <input type="text"/> House number: <input type="text"/> House suffix <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix <input type="text"/>
Address 1: <input type="text"/>	Address 1: <input type="text"/>
Address 2: <input type="text"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text"/>	Town: <input type="text"/>
County: <input type="text"/>	County: <input type="text"/>
Country: <input type="text"/>	Country: <input type="text"/>
Postcode: <input type="text"/>	Postcode: <input type="text"/>
Telephone Number: <input type="text"/>	Telephone Number: <input type="text"/>
Mobile Number: <input type="text"/>	Mobile Number: <input type="text"/>
E-mail: <input type="text"/>	E-mail: <input type="text"/>

3. Site Address Details:

Unit: House number: House suffix

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode

4. Description of the Proposed Development

Please complete the following table:

Number of Bedrooms			
1	2	3	4 +

5. Declaration

I/we hereby provide the above information to the Council 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 are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed – Applicant

Or signed – Agent:

Date (DD/MM/YY)

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6. Applicant Contact Details

Telephone numbers

Country Code: National Number: Extension

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country Code: Mobile Number:

<input type="text"/>	<input type="text"/>
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Country Code: Fax Number:

<input type="text"/>	<input type="text"/>
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Email Address (optional) – If this is given then it will be assumed that the applicant consents to all correspondence being done electronically.

<input type="text"/>

7. Agent Contact Details

Telephone numbers

Country Code: National Number: Extension.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Country Code: Mobile Number:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Country Code: Fax Number:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Email Address (optional) – If this is given then it will be assumed that the applicant consents to all correspondence being done electronically.

<input type="text"/>
