



Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)'.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their obligations in regards to the processing of your application. Please refer to their 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:



Development Control Gloucester City Council PO Box 3252, Gloucester, GL1 9FW 01452 396396 development.control@gloucester.gov.uk www.gloucester.gov.uk/planning

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 authority directly.

If printed, please complete using block capitals and black ink.

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

1. Applic	ant Name and Address
Title:	Mr First name: H
Last name:	Shaw
Company (optional):	
Unit:	1 House number: 354 House suffix:
House name:	
Address 1:	Barton Street
Address 2:	
Address 3:	
Town:	Gloucester
County:	Gloucestershire
Country:	UK
Postcode:	GL1 4LJ

2. Agent	Name and	Address	
Title:	Mr	First name: Lloyd	
Last name:	Gordon		
Company (optional):	House Of	Designs By Lloyd	
Unit:	1 .	louse umber: 72	House suffix:
House name:			
Address 1:	Avening R	oad	
Address 2:			
Address 3:			
Town:	Gloucester		
County:	Gloucester	shire	
Country:	UK		
Postcode:	GL4 6UJ		

3. Description of Proposed Works	
Please describe the proposed works:	
Construct first floor rear extension	
Has the work already started? Yes X No	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed? $\qquad \qquad \qquad \qquad \boxed{X}$ No	
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: 1 House number: 354 House suffix:	proposed to or from the public highway? $\ \ \ \ \ \ \ \ \ \ \ \ \ $
House name:	proposed to or from the public highway? \square Yes \square No Do the proposals require any diversions,
Address 1: Barton street	extinguishments and/or creation of public rights of way? Yes No
Address 2:	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: Gloucester	
County: Gloucestershire	
Postcode (optional): GL1 4LJ	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local authority about this application?	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed
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:	development? Yes X No If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
	<u> </u>
Reference:	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	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.

Version 2018.1

8. Parking Will the proposed work	s affect existing car parking arrangements?	Yes X No)		
If Yes, please describe:					
9. Authority Empl	ovee / Member				
It is an important princi means related, by birth	ple of decision-making that the process is open and or otherwise, closely enough that a fair minded and s bias on the part of the decision-maker in the local	d informed obs	erver, having considered the facts, v	elated t would	0"
	statements apply to you and/or agent? Yes	X No	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 d	etails of their name, role and how you are related to	o them.			
10. Materials					
If applicable, please stat	te what materials are to be used externally. Include	e type, colour ai	nd name for each material:	(1)	
	Existing (where applicable)	Proposed		Not applicable	Don't Know
Walls	face bricks painted white & red face	Red face by	ricks		
Roof	Roof slate	Roof slate			
Windows	White Upvc	White upv	c		
Doors	White upvc	White Upv	с		
Boundary treatments (e.g. fences, walls)					

10. Materials			
If applicable, please sta	ate what materials are to be used externally. Include type, colour and name for each material:		
Vehicle access and hard-standing			
Lighting			
Others (please specify)			
Are you supplying add	itional information on submitted plan(s)/drawing(s)/design and access statement? Yes	X	No
If Yes, please state refe	rences for the plan(s)/drawing(s)/design and access statement:		

11. 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
I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the 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, or is part of, an agricultural holding **

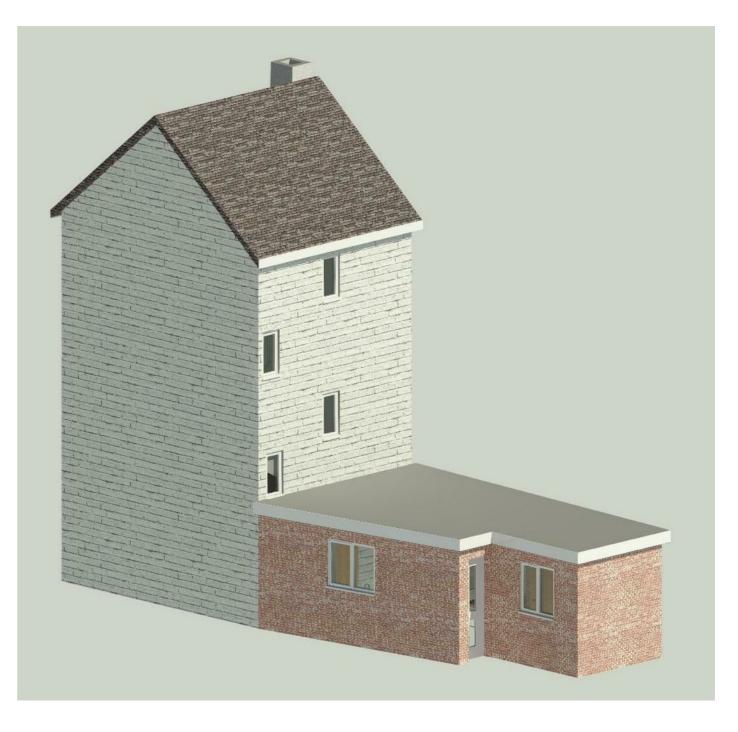
NOTE: You should sign Certificate B, C application relates but the land is, or i	or D, as appropriate, if you are the sole part of, an agricultural holding.	owner of the land or building	to which the
* "owner" is a person with a freehold intere ** "agricultural holding" has the meaning	t or leasehold interest with at least 7 years l iiven by reference to the definition of "agricu	eft to run. ultural tenant" in section 65(8) of t	he Act.
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
			20/08/2022
application relates. * "owner" is a person with a freehold intere	CERTIFICATE OF OWNERSHIP - CERTIFICATE OF OWNERSHIP - CERTIFICATE MANAGEMENT PROCEDURE) (Er Celthe applicant has given the requisite notes, was the owner* and/or agricultural test or leasehold interest with at least 7 years for the section 65(8) of the Town and Country (1988).	ngland) Order 2015 Certificate otice to everyone else (as listed nant** of any part of the land ceft to run.	under Article 14 below) who, on the da or building to which thi
Name of Owner / Agricultural Tenant	Address		Date Notice Served
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):

11. Ownership Certificates and Agricultural Land Declaration (continued) **CERTIFICATE OF OWNERSHIP - CERTIFICATE C** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, 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: Name of Owner / Agricultural Tenant **Date Notice Served** Address Notice of the application has been published in the following newspaper On the following date (which must not be earlier than 21 days before the date of the application): (circulating in the area where the land is situated): Signed - Applicant: 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 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 Ćountry Planning Act 1990 The steps taken were: Notice of the application has been published in the following newspaper On the following date (which must not be earlier than 21 days before the date of the application): (circulating in the area where the land is situated): Date (DD/MM/YYYY): Signed - Applicant: Or signed - Agent:

12. Planning Application Requirements - Chec	list	
Please read the following checklist to make sure you have se information required will result in your application being de the Local Planning Authority (LPA) has been submitted.	nt all the information in support of your proposal. Failure to submit a emed invalid. It will not be considered valid until all information requ	III ired by
	al and 3 copies* of a The correct fee: If access statement if	
The original and 3 copies* of a plan which identifies the land to which the application	works fall within a The original and 3 copies* of the completed, dated Ownership tage Site, or relate to a Certificate (A, B, C or D – as	
*National legislation specifies that the applicant must provious of four copies), unless the application is submitted elections are also accept supporting documents in electronic for You can check your LPA's website for information or contact	de the original plus three copies of the form and supporting documer tronically or, the LPA indicate that a smaller number of copies is requirmat by post (for example, on a CD, DVD or USB memory stick). their planning department to discuss these options.	nts (a red.
13. Declaration		
I/we hereby apply for planning permission/consent as descr information. I/we confirm that, to the best of my/our knowle genuine opinions of the person(s) giving them.	bed in this form and the accompanying plans/drawings and addition dge, any facts stated are true and accurate and any opinions given ar	al e the
Signed - Applicant: Or signed	- Agent: Date (DD/MM/YYYY):	
		cannot be
	l l l l nro an	plication)
	hie-ah	
14. Applicant Contact Details	15. Agent Contact Details	
Telephone numbers	15. Agent Contact Details Telephone numbers	
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Telephone numbers Country code: National number: Ext number country code: Mobile number (optional): Country code: Fax number (optional):	15. Agent Contact Details Telephone numbers	
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Telephone numbers Country code: National number: num Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	15. Agent Contact Details Telephone numbers	
Telephone numbers Country code: National number: num Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Can the site be seen from a public road, public footpath, bridges	Telephone numbers Illeway or other public land? Yes X No	
Telephone numbers Country code: National number: number (optional): Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): If the planning authority needs to make an appointment to out a site visit, whom should they contact? (Please select only other planning authority needs to make an appointment to out a site visit, whom should they contact? (Please select only other planning authority needs to make an appointment to out a site visit, whom should they contact? (Please select only other planning authority needs to make an appointment to out a site visit, whom should they contact?	Telephone numbers Illeway or other public land? Yes X No Sarry Other (if different	from the
Telephone numbers Country code: National number: num Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): The planning authority needs to make an appointment to out a site visit, whom should they contact? (Please select only lif Other has been selected, please provide:	Telephone numbers Bleway or other public land? Yes X No Figure 1. Applicant Other (if different agent/applicant's	from the
Telephone numbers Country code: National number: number (optional): Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): If the planning authority needs to make an appointment to out a site visit, whom should they contact? (Please select only other planning authority needs to make an appointment to out a site visit, whom should they contact? (Please select only other planning authority needs to make an appointment to out a site visit, whom should they contact? (Please select only other planning authority needs to make an appointment to out a site visit, whom should they contact?	Telephone numbers Illeway or other public land? Yes X No Sarry Agent Applicant Other (if different	from the

Email address:



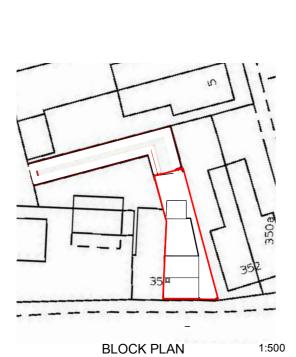


3D VIEW



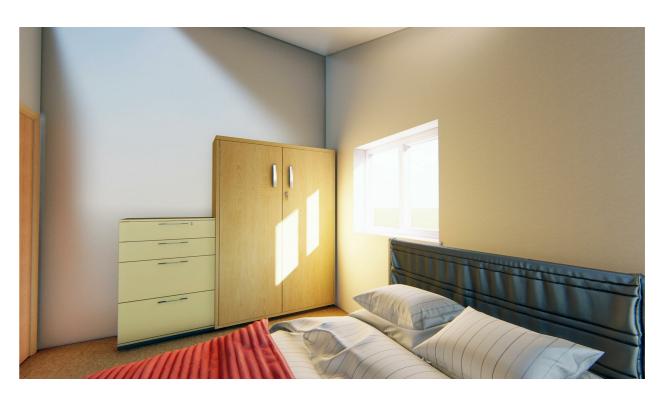
Project: 354 Barton St Client: Mr Shaw Drawing: Existing Site & Block Plan Drawn By Lloyd Gordon Date: 19/10/2019 Scale: 1:100 Rev: 0







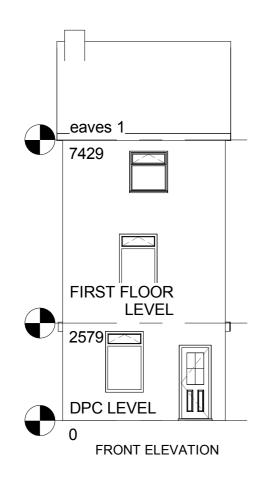
3D EXTERNAL RENDER OF THE REAR

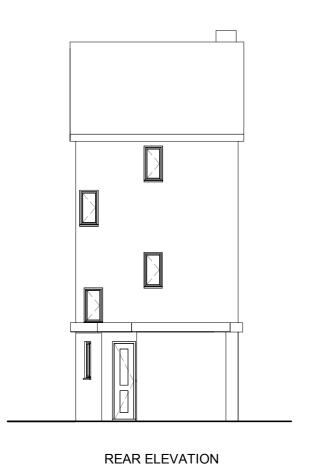


3D RENDER OF BEDROOM

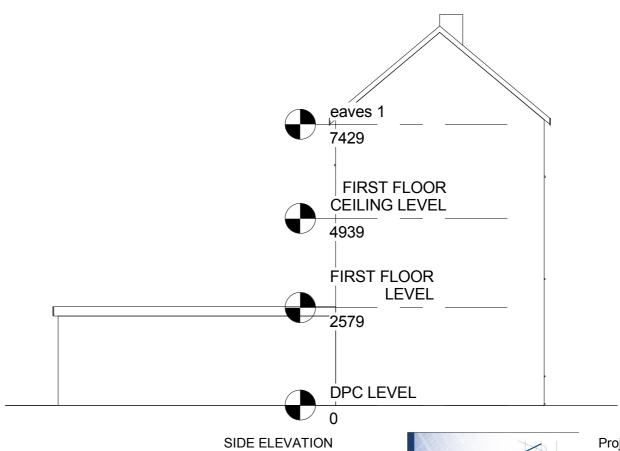


Project: 354 Barton St Client: Mr Shaw Drawing: Proposed Site & Block Plan Drawn By Lloyd Gordon Date: 19/10/2019 Scale: 1:1250, 1:500 Rev: 0





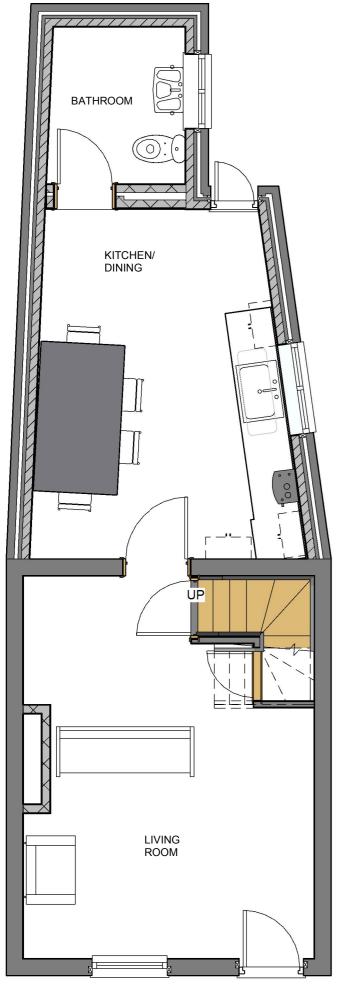




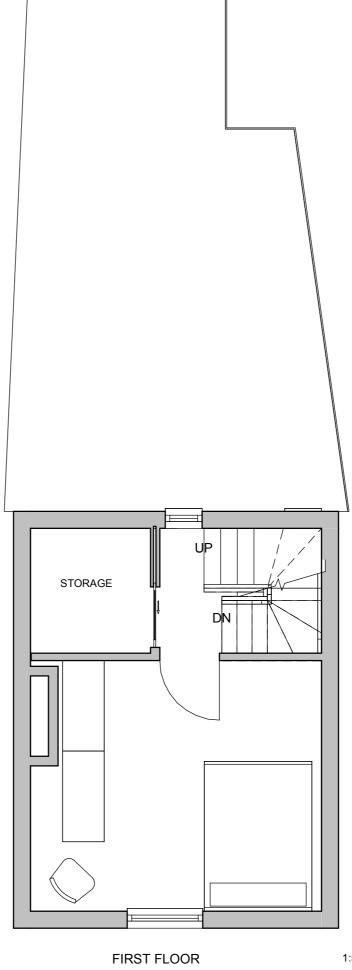
EXISTING ELEVATIONS

Project: 354 Barton St Client: Mr Shaw Drawing: Existing Elevations Drawn By Lloyd Gordon Date: 19/10/2019 Scale: 1:100 Rev: 0

HOUSE OF DESIGNS
BYLLOYD
ARCHITECTURAL DESIGNER



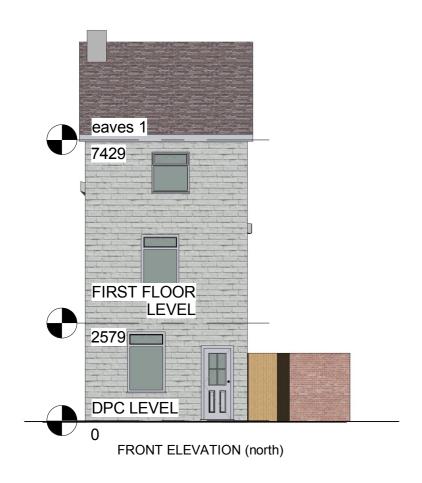


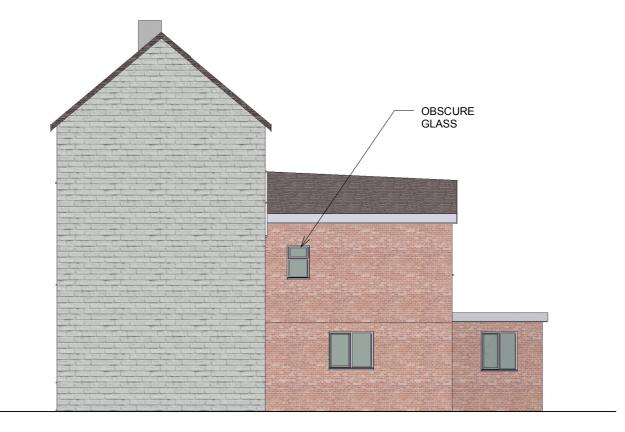


1:50



Project: 354 Barton St Client: Mr Shaw Drawing: Existing Floor Plans Drawn By Lloyd Gordon Date: 19/10/2019 Scale: 1:50 Rev: 0

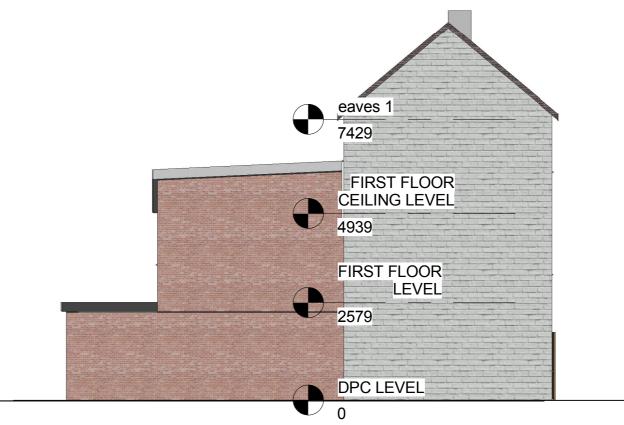




SIDE ELEVATION(west)



REAR ELEVATION (south)



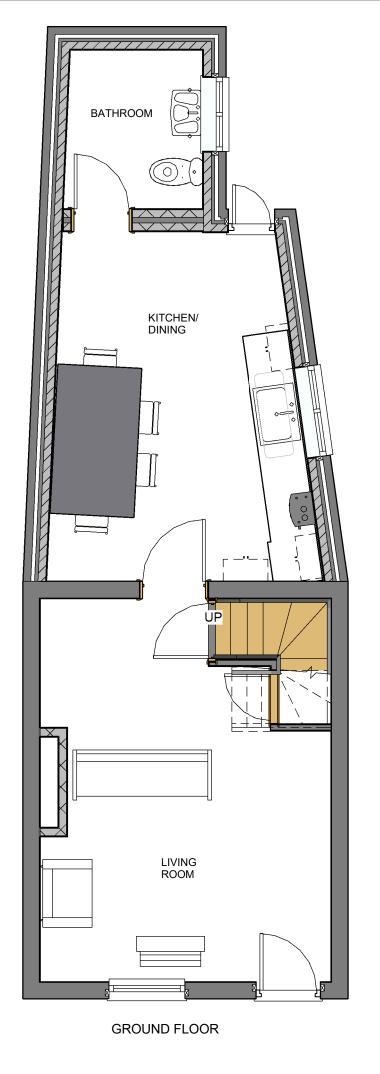
SIDE ELEVATION(east)

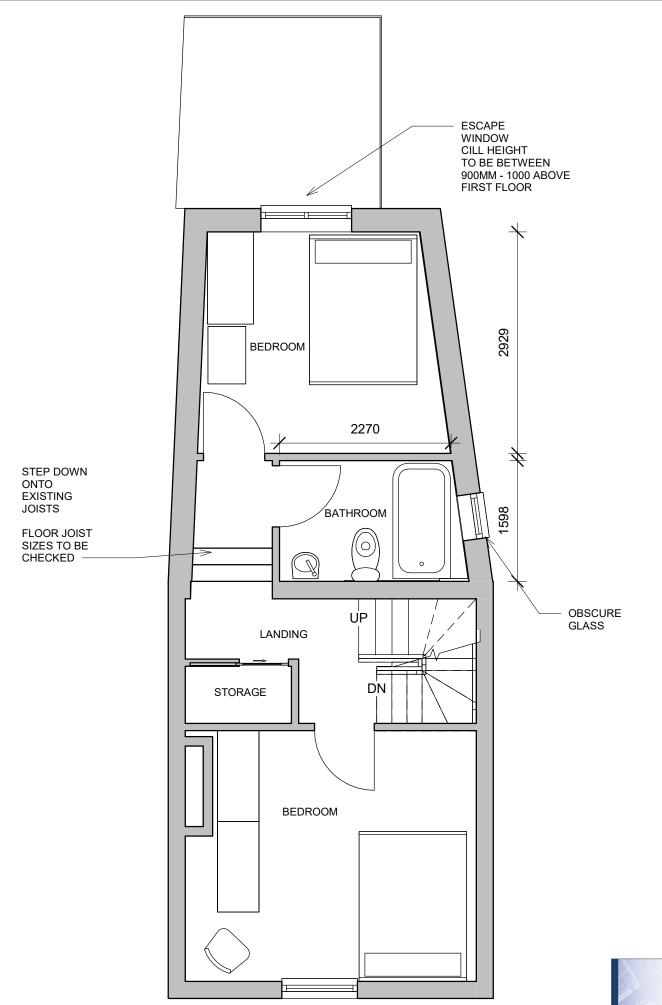


Project: 354 Barton St Client: Mr Shaw Drawing: Proposed Elevations Drawn By Lloyd Gordon Date: 19/10/2019

Scale: 1:100 Rev: 0

PROPOSED ELEVATIONS





FIRST FLOOR

1:50

Notes:

All Dimensions are to be checked on site

All proposed materials to match existing materials

Specification:

foundation Depth of existing single storey extension to be confirmed by the Building Inspector

300mm wide cavity wall with 100mm cavity wall rock wool insulation to BS 6676

cavity wall ties positioned max 450mm vertical, 900mm horizontal to BS EN 845-1

Damp proof course laid level with existing floor level to BS EN 14909

Damp proof tray laid to BS 8215 Proposed wall connections to existing wall- wall starter to BS EN 10088-2 with 225 vertical dpc

Cavity wall closures positioned at windows and doors to BS EN ISO 9001

Existing Flat roof Joists size to be confirmed by Building control. (to be proposed first floor Joists)



Project: 354 Barton St Client: Mr Shaw

Drawing: Proposed Floor Plans
Drawn By Lloyd Gordon
Date: 19/10/2019

Scale: 1:50 Rev: 0

PROPOSED FLOOR PLANS