

This form is specifically designed to be printed and completed offline.  
 Please complete this form in block capitals using black ink to facilitate scanning.  
 You are advised to read the accompanying guidance notes and per-question help text.  
 If you would rather make this application online, you can do so on our website:  
<https://www.planningportal.co.uk/apply>

## Application for Planning Permission

Town and Country Planning Act 1990 (as amended)

### 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 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:



London Borough of Hillingdon, Residents Services, 3N Civic Centre, High Street, Uxbridge, Middlesex UB8 1UW  
 Tel: 01895 250230 Web: [www.hillingdon.gov.uk](http://www.hillingdon.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. Applicant Name and Address

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>		
Company (optional):	<input type="text"/> TASTE OF PORTUGAL		
Unit:	<input type="text"/>	House number:	<input type="text"/> 16
House name:	<input type="text"/>		
Address 1:	<input type="text"/> HIGH STREET		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text"/> NORTHWOOD		
County:	<input type="text"/> MIDDLESEX		
Country:	<input type="text"/>		
Postcode:	<input type="text"/> HA6 1BN		

#### 2. Agent Name and Address

Title:	<input type="text"/> MR	First name:	<input type="text"/> GIUSEPPE
Last name:	<input type="text"/> MESSINA		
Company (optional):	<input type="text"/>		
Unit:	<input type="text"/>	House number:	<input type="text"/> 10
House name:	<input type="text"/>		
Address 1:	<input type="text"/> 10 NORTHWOOD WAY		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text"/> NORTHWOOD		
County:	<input type="text"/> MIDDLESEX		
Country:	<input type="text"/>		
Postcode:	<input type="text"/> HA6 1AT		

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

INSTALLATION OF EXTRACT DUCT AT THE REAR OF THE PROPERTY

Has the building, work or change of use already started?

Yes  No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

22-10-2019 (date must be pre-application submission)

Has the building, work or change of use been completed?

Yes  No

If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY):

22-10-2019 (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)?

Yes  No

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number: 16 House suffix:

House name: TASTE OF PORTUGAL

Address 1: HIGH STREET

Address 2:

Address 3:

Town: NORTHWOOD

County: MIDDLESEX

Postcode (optional): HA6 1BN

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

Easting:  Northing:

Description:

### 5. 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:

Reference:

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

Details of pre-application advice received?

## 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?

Yes  No

Is a new or altered pedestrian access proposed to or from the public highway?

Yes  No

Are there any new public roads to be provided within the site?

Yes  No

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  No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

## 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste?

Yes  No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste?

Yes  No

If Yes, please provide details:

## 8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent?  Yes  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 details of their name, role and how you are related to them.

## 9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls			<input type="checkbox"/>	<input type="checkbox"/>
Roof			<input type="checkbox"/>	<input type="checkbox"/>
Windows			<input type="checkbox"/>	<input type="checkbox"/>
Doors			<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing			<input type="checkbox"/>	<input type="checkbox"/>
Lighting			<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)	EXTRACT DUCT IN PLASTIC REDUDANT	NEW STAINLESS STEEL EXTRACT DUCT INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

Yes

No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

1910-DRG-A-001  
1910-DRG-A-002  
1910-DRG-A-003

## 10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	NA		
Light goods vehicles/ public carrier vehicles	NA		
Motorcycles	NA		
Disability spaces	NA		
Cycle spaces	NA		
Other (e.g. Bus)	NA		
Other (e.g. Bus)	NA		

## 11. Foul Sewage

Please state how foul sewage is to be disposed of:

<input type="checkbox"/> Mains sewer	<input type="checkbox"/> Cess pit
<input type="checkbox"/> Septic tank	<input type="checkbox"/> Other
<input type="checkbox"/> Package treatment plant	

Are you proposing to connect to the existing drainage system?  Yes  No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

## 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether 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 or near the application site?

a) Protected and priority species:

Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

b) Designated sites, important habitats or other biodiversity features:

Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

c) Features of geological conservation importance:

Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

## 15. Trees and Hedges

Are there trees or hedges on the proposed development site?  Yes  No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?  Yes  No

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 authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

## 12. Assessment of Flood Risk

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 planning authority requirements for information as necessary.)

Yes  No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  No

Will the proposal increase the flood risk elsewhere?  Yes  No

How will surface water be disposed of?

<input type="checkbox"/> Sustainable drainage system	<input type="checkbox"/> Existing watercourse
<input type="checkbox"/> Soakaway	<input type="checkbox"/> Pond/lake
<input type="checkbox"/> Main sewer	

## 14. Existing Use

Please describe the current use of the site:

STOP AT GROUND FLOOR,  
RESIDENTIAL USE FLOOR ABOVE

Is the site currently vacant?  Yes  No

If Yes, please describe the last use of the site:

When did this use end (if known)?

DD/MM/YYYY  
(date where known may be approximate)

Does the proposal involve any of the following?  
If Yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated?  Yes  No

Land where contamination is suspected for all or part of the site?  Yes  No

A proposed use that would be particularly vulnerable to the presence of contamination?  Yes  No

## 16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?  Yes  No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

### 17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?

Yes

No

If Yes, please complete details of the changes in the tables below:

#### Proposed Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Totals (a + b + c + d + e + f) =**

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Totals (a + b + c + d + e + f) =**

Affordable Home Ownership	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Totals (a + b + c + d + e + f) =**

Starter Homes	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Totals (a + b + c + d) =**

Self Build and Custom Build	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Totals (a + b + c + d) =**

**Total proposed residential units (A + B + C + D + E) =**

#### Existing Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Totals (a + b + c + d + e + f) =**

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Totals (a + b + c + d + e + f) =**

Affordable Home Ownership	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Totals (a + b + c + d + e + f) =**

Starter Homes	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Totals (a + b + c + d) =**

Self Build and Custom Build	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats/maisonettes	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

**Totals (a + b + c + d) =**

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

## 18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

Yes  No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use		Not applicable	Existing gross internal floorspace (square metres) (a)	Gross internal floorspace to be lost by change of use or demolition (square metres) (b)	Total gross internal floorspace proposed (including change of use) (square metres) (c)	Net additional gross internal floorspace following development (square metres) (d = c - a)
B2	General industrial	<input type="checkbox"/>				
B8	Storage or distribution	<input type="checkbox"/>				
C1	Hotels and halls of residence	<input type="checkbox"/>				
C2	Residential institutions	<input type="checkbox"/>				
C2A	Secure Residential institutions	<input type="checkbox"/>				
C4	Homes in Multiple Occupation	<input type="checkbox"/>				
E(a)	Display/Sale of goods other than hot food	<input type="checkbox"/>				
E(b)	Sale of food and drink for consumption mostly on the premises	<input type="checkbox"/>				
E(c)(i)	Financial services	<input type="checkbox"/>				
E(c)(ii)	Professional services	<input type="checkbox"/>				
E(c)(iii)	Other appropriate services in a commercial, business or service locality	<input type="checkbox"/>				
E(d)	Indoor sport, recreation, or fitness - Excluding motorised vehicles, firearms, swimming, and skating	<input type="checkbox"/>				
E(e)	Medical or health services - Except premises attached to the residence of the provider	<input type="checkbox"/>				
E(f)	Creche, day nursery or day centre - Except where including a residential use	<input type="checkbox"/>				
E(g)(i)	Offices - Except where not suitable in a residential area	<input type="checkbox"/>				
E(g)(ii)	Research and development - Except where not suitable in a residential area	<input type="checkbox"/>				
E(g)(iii)	Industrial processes - Except where not suitable in a residential area	<input type="checkbox"/>				
F1	Learning and non-residential institutions	<input type="checkbox"/>				
F2	Local community uses (essential shops, meeting places, sport, and recreation)	<input type="checkbox"/>				
OTHER		<input type="checkbox"/>				
Please Specify		<input type="checkbox"/>				
	Total					

## 18. All Types of Development: Non-residential Floorspace (continued)

Does the proposal include use as a shop (e.g. For the display/sale of goods under Use Class E(a), the sale of essential goods under Use Class F2, or as part of any other use)

Yes  No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use		Not applicable	Existing tradable floor area (square metres) (e)	Tradable floor area to be lost by change of use or demolition (square metres) (f)	Total tradable floor area proposed (including change of use) (square metres) (g)	Net additional tradable floor area following development (square metres) (h = g - e)
E(a)	Display/Sale of goods other than hot food	<input type="checkbox"/>				
F2	Local community uses (essential shops, meeting places, sport, and recreation)	<input type="checkbox"/>				
OTHER		<input type="checkbox"/>				
Please Specify		<input type="checkbox"/>				
Total						

Does the proposal include loss or gain of rooms for hotels, residential institutions, or hostels?

Yes  No

If you have answered Yes to the question above please add details in the following table:

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
C2A	Secure Residential Institutions	<input type="checkbox"/>			
OTHER		<input type="checkbox"/>			
Please Specify		<input type="checkbox"/>			

## 19. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

## 20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

## 21. Site Area

Please state the site area in hectares (ha)

## 22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development?  Yes  No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below?  Yes  No  Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes)	<input type="text"/>	Ethylene oxide (tonnes)	<input type="text"/>	Phosgene (tonnes)	<input type="text"/>
Ammonia (tonnes)	<input type="text"/>	Hydrogen cyanide (tonnes)	<input type="text"/>	Sulphur dioxide (tonnes)	<input type="text"/>
Bromine (tonnes)	<input type="text"/>	Liquid oxygen (tonnes)	<input type="text"/>	Flour (tonnes)	<input type="text"/>
Chlorine (tonnes)	<input type="text"/>	Liquid petroleum gas (tonnes)	<input type="text"/>	Refined white sugar (tonnes)	<input type="text"/>
Other:	<input type="text"/>	Other:	<input type="text"/>	Amount (tonnes):	<input type="text"/>
Amount (tonnes):	<input type="text"/>	Amount (tonnes):	<input type="text"/>		

#### 24. Biodiversity Net Gain

Do you believe that, if the development is granted planning permission, the Biodiversity Gain Condition (as set out in Paragraph 13 of Schedule 7A of the Town and Country Planning Act 1990) would apply?

Yes  No

If No, please provide reasons, with reference to which exemptions or transitional arrangements you believe apply:

If Yes, please provide the information requested in all the questions below:

Please provide the date the pre-development biodiversity value of onsite habitat(s) have been calculated:  
(this should be one of the following dates: the date of this application; or an earlier proposed date)

Date (DD/MM/YYYY):

Please provide the pre-development biodiversity value of onsite habitats on this date:

Date (DD/MM/YYYY):

If a date earlier than the date of the submission of the planning application has been specified above, please provide reasons why this date has been used:

Please state the publication date of the biodiversity metric tool(s) used to calculate the onsite biodiversity value(s) provided above.

Date (DD/MM/YYYY):

## 24. Biodiversity Net Gain (continued)

Has there been any loss (or degradation) of any onsite habitat(s), resulting from activities carried out before the date the pre-development biodiversity value of onsite habitat(s) was calculated and either:

- on or after 30 January 2020 which were not in accordance with a planning permission; or
- on or after 25 August 2023 which were in accordance with a planning permission?

Yes  No

If yes, please provide details including: the date immediately before this activity was carried out; the onsite biodiversity value on this date; and any supporting evidence (or reference to relevant document containing these details).

If yes, please state the publication date of the biodiversity metric tool(s) used to calculate any onsite biodiversity value(s) provided above.

Date (DD/MM/YYYY):

Does the application site have irreplaceable habitat(s) (corresponding to the descriptions in The Biodiversity Gain Requirements (Irreplaceable Habitat) Regulations 2024) which exist on land to which this application relates on the date the pre-development biodiversity value of onsite habitat(s) was calculated?

Yes  No

If yes, please provide a description of these and any further details (for example reference to relevant document):

I/We confirm this application is accompanied by the following:

- i. The completed biodiversity metric tool(s) showing the calculation of the pre-development biodiversity values, and on the dates, detailed above including, if applicable, those related to any loss (or degradation) of any onsite habitat(s)
- ii. Plan(s), showing onsite habitat(s) existing on the date the pre-development biodiversity value of onsite habitat(s) was calculated; and
- iii. If applicable, plan(s) showing onsite irreplaceable habitat(s) existing on the date the pre-development biodiversity value of onsite habitat(s) was calculated.

Please provide details (for example reference to relevant document):

**Note:** Plans must be drawn to an identified scale, and show the direction of North.

## 25. 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 or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.**

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
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### CERTIFICATE OF OWNERSHIP - CERTIFICATE B

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**  
I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) 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 or building to which this application relates.

\* "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

Name of Owner / Agricultural Tenant	Address	Date Notice Served
QUESTSIDE	41 THE BROADWAY, JOEL STREET, HA6 1NZ	22-10-2019

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
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31.05.24

## 25. 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:

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Name of Owner / Agricultural Tenant	Address	Date Notice Served

Notice of the application has been published in the following newspaper (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 Country Planning Act 1990

The steps taken were:

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Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

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Signed - Applicant:

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Or signed - Agent:

Date (DD/MM/YYYY):

## 26. 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 (LPA) has been submitted.

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

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 other plans and drawings or information necessary to describe the subject of the application:

\*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

Plans can be bought from one of the Planning Portal's accredited suppliers: <https://www.planningportal.co.uk/buyaplanningmap>

## 27. Declaration

I/we hereby apply for planning permission/consent 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 stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Signature:

Date (DD/MM/YYYY):

31.05.24

(date cannot be pre-application)

## 28. Applicant Contact Details

Telephone numbers

Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

## 29. Agent Contact Details

Telephone numbers

Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

## 30. 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: