



Council Offices, South Street Rochford Essex SS4 1BW http://www.rochford.gov.uk

planning.applications@rochford.gov.uk / 01702 318191

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. Applica	ant Name and Address	2. Agent Name and Address	
Title:	MR First name: STEVEN	Title: First name:	
Last name:	ELWELL	Last name:	
Company (optional):		Company (optional):	
Unit:	House House suffix:	Unit: House number: House suffix:	
House name:	ROSE COTTAGE	House name:	
Address 1:		Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	RocHFORM	Town:	
County:	ESSEY	County:	
Country:		Country:	
Postcode:	SS4 ZAF	Postcode:	

3. Site Address Details				re-application Advice			
Please provide the full postal address of the application site.				ssistance or prior advice been sought from the local prity about this application?			
Unit:	House number:	House suffix:	autno	Yes No			
House name:	ROSE COTTAGE	ı	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1:	STAMBRING RM		Please	cation more efficiently). e tick if the full contact details are not			
Address 2:				rn, and then complete as much as possible:			
Address 3:			Office	er name:			
Town:	ROULFORM		Refer	rence:			
County:	E88 EX						
Postcode (optional): 5らしてみ				Date (DD/MM/YYYY): t be pre-application submission)			
	mpleted if postcode is not known)	<u>:</u>	Detai	ils of pre-application advice received?			
Easting: Description	Northing:						
Description	•						
	ption Of Your Proposal	da	A l	dantatan lakan tanbudtan kanan di sakan sa Sasaran sa sa			
and date of	decision in the sections below:	Jevelopment as snown	on the	decision letter, including the application reference number			
[] 2	anstruction of con	SSNA THY		•			
		(
_				(Date must be pre-application			
Reference number: 11 723 - 11724 Date of decision: (Date must be pre-application submission) (DD/MM/YYYY)							
	the condition number(s) to which	this application relates		<u></u>			
1.	0° 2		6.				
2.			7.				
3.			8.				
4.			9.				
5.			10.				
Has the dev	relopment 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?							
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)							
6. Discha	rge Of Condition						
Please provide a full description and/or list of the materials/details that are being submitted for approval:							
CANTIN BRICK/BLUCK WORT WALLS. ALL TIMBER FRAMES, SLIMLITE DOUBLE GLAZING TOWALLS & CABLE END & POLYCARRON ATE ROOF.							
Byct was to BE PANTON WHITE TO MATCH COTTAGE							
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 The completed and dated application form:	original and 3 copies of other plans and drawings formation 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: Date (DD/MM/YYYY): (date cannot be pre-application)					
10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers Country code: National number: Ditology (26 80%) Country code: Mobile number (optional): O7764285737 Country code: Fax number (optional): Email address (optional): 5 5 Elicio National number: Ditology (28 57 37) Email address (optional): 5 5 Elicio National number: Ditology (28 57 37) Email address (optional):	Telephone numbers Country code: National 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 If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Email address:	other public land? Yes No Applicant Other (if different from the agent/applicant's details) Telephone number:				

