

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 approval of details reserved by condition

Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) 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 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:

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Economic Growth Town Hall, Darlington, DL1 5QT Telephone: 01325 405656 Email: planning@darlington.gov.uk Web: www.darlington.gov.uk/planning

Publication of applications on planning authority websites Information provided on this form and in supporting documents may be published on the authority's planning register and website. FOR OFFICE USE ONLY

Date: /	/
Fee:	
Receipt Number:	

## **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. Applic	ant Name and Address	2. Agent Name and Address
Title:	First name:	Title: First name:
Last name:		Last name:
Company (optional):		Company (optional):
Unit:	House House suffix:	Unit: House House suffix:
House name:		House name:
Address 1:		Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:		Town:
County:		County:
Country:		Country:
Postcode:		Postcode:

Please provide the full postal address of the		4. Pre-application Advice
· · · · · · · · · · · · · · · · · · ·		Has assistance or prior advice been sought from the local authority about this application?
Unit: House number:	House suffix:	
House name:		If Yes, please complete the following information about the a you were given. (This will help the authority to deal with this
Address 1:		application more efficiently). Please tick if the full contact details are not
Address 2:		known, and then complete as much as possible:
Address 3:		Officer name:
Town:		Reference:
County:		
Postcode (optional): Description of location or a grid reference.		Date (DD/MM/YYYY): (must be pre-application submission)
(must be completed if postcode is not know		Details of pre-application advice received?
Easting: Northing	g:	
Description:		
Reference number:	Date of decision:	(Date must be pre-application
Reference number: Please state the condition number(s) to wh		submission) (DD/MM/YYYY)
		submission) (DD/MM/YYYY)
Please state the condition number(s) to wh		s:
Please state the condition number(s) to wh		submission) (DD/MM/YYYY) s: 6.
Please state the condition number(s) to wh          1.         2.         3.         4.		submission) (DD/MM/YYYY) s: 6. 7.
Please state the condition number(s) to wh		submission) (DD/MM/YYYY)       s:       6.       7.       8.       9.       10.
Please state the condition number(s) to wh          1.         2.         3.         4.		submission) (DD/MM/YYYY)         s:         6.         7.         8.         9.         10.         Yes       No
Please state the condition number(s) to wh	 iich this application relate	submission) (DD/MM/YYYY)       s:       6.       7.       8.       9.       10.
Please state the condition number(s) to wh          1.         2.         3.         4.         5.         Has the development already started?	 iich this application relate	submission) (DD/MM/YYYY)         s:         6.         7.         8.         9.         10.         Yes       No         (date must be pre-application submission)         Yes       No
Please state the condition number(s) to wh          1.         2.         3.         4.         5.         Has the development already started?         If Yes, please state when the development	started (DD/MM/YYYY):	submission) (DD/MM/YYYY) s: 6. 7. 8. 9. 10. Yes No (date must be pre-application submission) Yes No (date must be pre-application
Please state the condition number(s) to wh          1.         2.         3.         4.         5.         Has the development already started?         If Yes, please state when the development         Has the development been completed?         If Yes, please state when the development	started (DD/MM/YYYY):	submission) (DD/MM/YYYY) s: 6. 7. 8. 9. 10. Yes No (date must be pre-application submission) Yes No (date must be pre-application submission)
Please state the condition number(s) to wh          1.         2.         3.         4.         5.         Has the development already started?         If Yes, please state when the development         Has the development been completed?	started (DD/MM/YYYY):	submission) (DD/MM/YYYY) s: 6. 7. 8. 9. 10. Yes No (date must be pre-application submission) Yes No YYYY): (date must be pre-application submission)

7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition?				
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 (LPA) has been submitted. The original and 3 copies* of a completed and dated application form: The correct for: The correct for:				
The correct fee: *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.				
9. 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:       Or signed - Agent:         Date (DD/MM/YYYY):       (date cannot be pre-application)				
<b>10. Applicant Contact Details</b> Telephone numbers Extension	<b>11. Agent Contact Details</b> Telephone numbers Extension			
Country code:       National number:       number:         Country code:       Mobile number (optional):	Country code:       National number:       number:         Country code:       Mobile number (optional):			
Country code: Fax number (optional):	Country code: Fax number (optional):			
Email address (optional):	Email address (optional):			
12. Site Visit				
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? ( <i>Please select only one</i> )       Agent       Applicant       Other (if different from the agent/applicant's details)         If Other has been selected, please provide:       Contact name:       Telephone number:				
Email address:				