

25. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information to 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 fee: ☒
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.

26. Declaration

I hereby declare that the information submitted in this form and the accompanying plans/drawings and additional the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the giving them.

Or signed - Agent: Date (DD/MM/YYYY): 10/01/21 (date cannot be pre-application)

28. Agent Contact Details

Telephone numbers	
Country code:	National number:
Country code:	Mobile number (optional):
Country code:	Fax number (optional):
Email address (optional):	

29. 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)

If Other has been selected, please provide:

Contact name: MR TERENCE KEIL

Telephone number:

Email address: