STAFFORDSHIRE moorlands DISTRICT COUNCIL
ACHIEVING · EXCELLENCE

Staffordshire Moorlands District Council
Moorlands House, Stockwell Street, Leek
Staffordshire Moorlands, ST13 6HQ
Telephone: 0845 605 3013
www.staffsmoorlands.gov.uk

RECEIVED 20 MAY 2016

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

ublication of applications on planning authority websites

ease note that the information provided on this application form and in supporting documents may be published on the uthority's website. If you require any further clarification, please contact the Authority's planning department.

ease complete using block capitals and black ink.
s important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

. Applicant Name and Address

itle:	MR	First name:	MICHAEL
ast name:	BENSON		
ompany ptional):			
Init:		House number:	House suffix:
louse ame:	BROOK COTTAGE		
ddress 1:	THE VILLAGE		
ddress 2:	ENDON		
ddress 3:			
own:			
ounty:			
ountry:	STAFFORDSHIRE		
ostcode:	ST9 9EY		

2. Agent Name and Address

Title:		First name:	
Last name:			
Company (optional):			
Unit:		House number:	House suffix:
House name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

. Site Address Details

lease provide the full postal address of the application site.

Init:		House number:		House suffix:	
louse ame:	BROOK COTTAGE				
ddress 1:	THE VILLAGE				
ddress 2:	ENDON				
ddress 3:					
own:					
ounty:	STAFFORDSHIRE				
ostcode ptional):	ST9 9EY				

escription of location or a grid reference.
nust be completed if postcode is not known):

asting: Northing:

escription:

4. 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 advic 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?

. Description Of Your Proposal

lease provide a description of the approved development as shown on the decision letter, including the application reference number nd date of decision in the sections below:

LISTED BUILDING CONSENT TO CHANGE FOUR WINDOWS AT THE FRONT OF THE PROPERTY AND ONE ONE THE GABLE END AND INSTALLATION OF A SATELITE DISH

eference number: SMD/2015/0737 Date of decision: 15/3/2016 (Date must be pre-application submission) (DD/MM/YYYY)

lease state the condition number(s) to which this application relates:

1.		6.	
2.		7.	✓
3.		8.	
4.		9.	
5.		10.	

las the development already started? ☐ Yes ☒ No

f Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)

las the development been completed? ☐ Yes ☒ No

f Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

. Discharge Of Condition

lease provide a full description and/or list of the materials/details that are being submitted for approval:

60CM MESH SATELITE DISH ATTATCHED TO A METAL POLE SHAPED ⌐. DISH ~~ATTATCHED~~ ATTATCHED TO POLE WITH HORSE SHOE BOLT. POLE ATTATCHED TO 2 BRACKETS BOLTED TO GABLE END. BY 2 HORSESHOE BOLTS.

. Part Discharge Of Condition(s)

re you seeking to discharge only part of a condition? ☐ Yes ☒ No

Yes, please indicate which part of the condition your application relates to:

. Planning Application Requirements - Checklist

lease read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all ıformation required will result in your application being deemed invalid. It will not be considered valid until all information required by ıe Local Planning Authority has been submitted.

ıe original and 3 copies of a ɔmpleted and dated application form: ☑

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☑

ıe correct fee: ☐

. Declaration

we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional ıformation. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the enuine opinions of the person(s) giving them.

ɨigned - Applicant:

Or signed - Agent:

)ate (DD/MM/YYYY):

10-5-16 (date cannot be pre-application)

0. Applicant Contact Details

elephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

mail address (optional):

11. Agent Contact Details

Telephone numbers

Country code: National number: Extensio number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

2. Site Visit

an the site be seen from a public road, public footpath, bridleway or other public land? ☑ Yes ☐ No

the planning authority needs to make an appointment to carry ut a site visit, whom should they contact? *(Please select only one)* ☐ Agent ☑ Applicant ☐ Other (if different from th agent/applicant's details)

Other has been selected, please provide:

ɔntact name:

Telephone number:

mail address: