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

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

blication of applications on planning authority websites

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

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

Applicant Name and Address

:le:	MR/MRS
First name:	
st name:	DANIELS
ɔmpany ptional):	
ıit:	
House number:	
House suffix:	
ɔuse ıme:	
ıdress 1:	FRESHWATER HOUSE,
ıdress 2:	MACCLESFIELD ROAD
ıdress 3:	RUDYARD
ɔwn:	LEEK
ɔunty:	
ɔuntry:	
ɔstcode:	ST13 8PW

2. Agent Name and Address

Title:	MR
First name:	JORDAN
Last name:	KIRKHAM
Company (optional):	MODE ARCHITECTS LTD
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	MODE ARCHITECTS LTD
Address 2:	SUITE 3, HILLCREST HOUSE,
Address 3:	2 WOODLAND AVENUE
Town:	NEWCASTLE UNDER LYME
County:	
Country:	UNITED KINGDOM
Postcode:	ST5 8AZ

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name: FRESHWATER HOUSE

Address 1: MACCLESFIELD ROAD,

Address 2: RUDYARD

Address 3:

Town: LEEK

County:

Postcode (optional): ST13 8PW

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

Easting: | Northing:

Description:

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?

—

5. Description Of Your Proposal

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

THE DEVELOPMENT PROPOSED IS DEMOLITION OF EXISTING BUNGALOW AND ERECTION OF REPLACEMENT DWELLING. REF SMD/2018/0622 APP/B3438/W/19/3221223

Reference number: SMD/2018/0622 Date of decision: 12/07/19 (Date must be pre-application submission) (DD/MM/YYYY)

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

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

Has the development 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? ☐ Yes ☒ No

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

6. Discharge Of Condition

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

- 17026 - CD V02
- 17026 - AL(0)08 REV A PROPOSED ELEVATIONS
- 17026 AL(0)12 PROPOSED WINDOW DETAIL
- 17026 AL(0)11 PROPOSED SITE PLAN

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:

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

e original and 3 copies of a mpleted and dated application form: ☑

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

e correct fee: ☑

Declaration

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

gned - Applicant:

Or signed - Agent:

ate (DD/MM/YYYY):

7/09/2019 (date cannot be pre-application)

). Applicant Contact Details

lephone numbers

ountry code:	National number:	Extension number:

ountry code: Mobile number (optional):

ountry code: Fax number (optional):

nail address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

2. Site Visit

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

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

Other has been selected, please provide:

ontact name: JORDAN KIRKHAM

Telephone number:

nail address: