



Application for Planning Permission.
Town and Country Planning 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. Applicant Name and Address

Title: **DRS** First name: **VC-R&M**
Last name: **TIGUTI-SRIPADA&BYRAREDDY**
Company (optional): **TEAN SURGERY**
Unit: House number: House suffix:
House name:
Address 1: **OLD ROAD**
Address 2: **UPPER TEAN**
Address 3:
Town: **STOKE ON TRENT**
County: **STAFFS**
Country: **U.K.**
Postcode: **ST10 4EG**

2. Agent Name and Address

Title: **MR.** First name: **JOHN**
Last name: **PAYNE**
Company (optional):
Unit: House number: **10** House suffix:
House name:
Address 1: **DILHORNE ROAD**
Address 2: **FORSBROOK**
Address 3:
Town: **STOKE ON TRENT**
County: **STAFFS**
Country: **U.K.**
Postcode: **ST11 9DJ**

3. Description of the Proposal

Please describe the proposed development, including any change of use:

REMOVAL OF EX ROOF & FORMING NEW FIRST FLOOR EXTN
PROVIDE ADDITIONAL OFFICE & STAFF FACILITY,
TO NEW FIRST FLOOR AREA + MINOR INTERNAL
ALTERATIONS TO EXISTING GROUND FLOOR.
AT EXISTING MEDICAL PRACTICE.

Has the building, work or change of use already started?

☐ Yes ☒ No

If Yes, please state the date when building,
work or use were started (DD/MM/YYYY):

(date must be pre-application submission)

Has the building, work or change of use been completed?

☐ Yes ☒ No

If Yes, please state the date when the building, work
or change of use was completed: (DD/MM/YYYY):

(date must be pre-application submission)