moorlands
DISTRICT COUNCIL
ACHIEVING · EXCELLENCE

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

3.

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

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:	Mrs
First name:	DANIELLE
Last name:	CHELL
Company (optional):	
Unit:	
House number:	5
House suffix:	
House name:	
Address 1:	FROGHALL ROAD
Address 2:	IPSTONES
Address 3:	
Town:	STOKE ON TRENT
County:	
Country:	
Postcode:	ST10 2NA

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:	

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: 5 | House suffix:

House name:

Address 1: FROGHALL ROAD

Address 2: IPSTONES

Address 3:

Town: STOKE ON TRENT

County:

Postcode (optional): ST10 2NA

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 advice 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:

PROPOSED EXTENSION AND ALTERATIONS

Reference number: SMD/2022/0168 Date of decision: 23/12/2 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	N/A (start date)	6.	—
2.	N/A (usage of correct plans)	7.	—
3.	Approval of windows and doors	8.	—
4.	~~N/A~~	9.	—
5.	—	10.	—

Has the development already started? ☑ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY): 1/8/23 (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

Additional Document submitted with further detail.

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

3. Flush fit casement windows, Agate Grey RAL7038, Traditional door with single window panel.

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: