

## Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

### Privacy Notice

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Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their obligations in regards to the processing of your application. Please refer to their website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

### Local Planning Authority details:



**For assistance with completing this form contact:**

The Planning Service  
 3 Knowsley Place, Duke Street, Bury BL9 0EJ

Phone: 0161 253 5432 Email: [development.control@bury.gov.uk](mailto:development.control@bury.gov.uk)

### Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

#### 1. Applicant Name and Address

|                     |                |               |     |               |        |  |  |
|---------------------|----------------|---------------|-----|---------------|--------|--|--|
| Title:              | MR             |               |     | First name:   | NABILA |  |  |
| Last name:          | IKOUSAL        |               |     |               |        |  |  |
| Company (optional): |                |               |     |               |        |  |  |
| Unit:               |                | House number: | 106 | House suffix: |        |  |  |
| House name:         |                |               |     |               |        |  |  |
| Address 1:          | HEYWOOD STREET |               |     |               |        |  |  |
| Address 2:          |                |               |     |               |        |  |  |
| Address 3:          |                |               |     |               |        |  |  |
| Town:               | BURY           |               |     |               |        |  |  |
| County:             |                |               |     |               |        |  |  |
| Country:            |                |               |     |               |        |  |  |
| Postcode:           | BL9 7DY        |               |     |               |        |  |  |

#### 2. Agent Name and Address

|                     |              |               |     |               |         |  |  |
|---------------------|--------------|---------------|-----|---------------|---------|--|--|
| Title:              | MR           |               |     | First name:   | STOWART |  |  |
| Last name:          | ROTHWELL     |               |     |               |         |  |  |
| Company (optional): |              |               |     |               |         |  |  |
| Unit:               |              | House number: | 564 | House suffix: |         |  |  |
| House name:         |              |               |     |               |         |  |  |
| Address 1:          | BOULTON ROAD |               |     |               |         |  |  |
| Address 2:          |              |               |     |               |         |  |  |
| Address 3:          |              |               |     |               |         |  |  |
| Town:               | BURY         |               |     |               |         |  |  |
| County:             |              |               |     |               |         |  |  |
| Country:            |              |               |     |               |         |  |  |
| Postcode:           | BL8 2DU      |               |     |               |         |  |  |

### 3. Description of Proposed Works

Please describe the proposed works:

SINGLE STOREY REAR EXTENSION FOR  
DISABLED BATHROOM FACILITY & REAR  
ACCESS RAMP FROM BATHROOM & LIVING ROOM  
(LOCAL AUTHORITY GRANT RE DISABLED USE)

Has the work already started?

☐ Yes

☒ No

If Yes, please state when the work was started (DD/MM/YYYY):

(date must be pre-application submission)

Has the work already been completed?

☐ Yes

☒ No

If Yes, please state when the work was completed (DD/MM/YYYY):

(date must be pre-application submission)

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:

House  
number:

106

House  
suffix:

House  
name:

Address 1:

HEYWOOD STREET

Address 2:

Address 3:

Town:

BURY

County:

Postcode  
(optional):

BL9 7DY

### 5. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access  
proposed to or from the public highway?

☐ Yes

☒ No

Is a new or altered pedestrian access  
proposed to or from the public highway?

☐ Yes

☒ No

Do the proposals require any diversions,  
extinguishments and/or creation of public  
rights of way?

☐ Yes

☒ No

If Yes to any questions, please show details on your plans or  
drawings and state the reference number(s) of the plan(s)/  
drawing(s):

### 6. 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 possible:

☐

Officer name:

Reference:

Date (DD MM YYYY):

(must be pre-application submission)

Details of the pre-application advice received:

### 7. Trees and Hedges

Are there any trees or hedges on your own  
property or on adjoining properties which  
are within falling distance of your proposed  
development?

☐ Yes

☒ No

If Yes, please mark their position on a scaled  
plan and state the reference number of any plans or drawings:

Will any trees or hedges need  
to be removed or pruned in  
order to carry out your proposal?

☐ Yes

☒ No

If Yes, please show on your plans which trees by giving them  
numbers e.g. T1, T2 etc, state the reference number of the plan(s)/  
drawing(s) and indicate the scale.

### 8. Parking

Will the proposed works affect existing car parking arrangements? ☐ Yes ☒ No

If Yes, please describe:

### 9. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? ☐ Yes ☒ No

With respect to the authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

If Yes, please provide details of their name, role and how you are related to them.

### 10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

|                                             | Existing<br>(where applicable) | Proposed          | Not<br>applicable                   | Don't<br>Know            |
|---------------------------------------------|--------------------------------|-------------------|-------------------------------------|--------------------------|
| Walls                                       |                                | TO MATCH EXISTING | <input type="checkbox"/>            | <input type="checkbox"/> |
| Roof                                        |                                | TO MATCH EXISTING | <input type="checkbox"/>            | <input type="checkbox"/> |
| Windows                                     |                                | UPVC AS EXISTING  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Doors                                       |                                |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) |                                |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## 10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

|                                  |  |  |                                     |                          |
|----------------------------------|--|--|-------------------------------------|--------------------------|
| Vehicle access and hard-standing |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lighting                         |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Others (please specify)          |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☒ Yes

☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

*EXISTING & PROPOSED PLANS*