

**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)

## Householder Application for Planning Permission for works or extension to a dwelling 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](http://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:              | <input type="text" value="MR &amp; MRS"/> | First name:   | <input type="text" value="ROBERT"/> |
| Last name:          | <input type="text" value="PILLING"/>      |               |                                     |
| Company (optional): | <input type="text"/>                      |               |                                     |
| Unit:               | <input type="text"/>                      | House number: | <input type="text" value="10"/>     |
|                     |                                           | House suffix: | <input type="text"/>                |
| House name:         | <input type="text"/>                      |               |                                     |
| Address 1:          | <input type="text" value="TOR AVE,"/>     |               |                                     |
| Address 2:          | <input type="text" value="GREENHOUST,"/>  |               |                                     |
| Address 3:          | <input type="text"/>                      |               |                                     |
| Town:               | <input type="text" value="BURY"/>         |               |                                     |
| County:             | <input type="text"/>                      |               |                                     |
| Country:            | <input type="text"/>                      |               |                                     |
| Postcode:           | <input type="text" value="BL9 4HG"/>      |               |                                     |

### 2. Agent Name and Address

|                     |                                                   |               |                                   |
|---------------------|---------------------------------------------------|---------------|-----------------------------------|
| Title:              | <input type="text" value="MR"/>                   | First name:   | <input type="text" value="NEIL"/> |
| Last name:          | <input type="text" value="BUTTERWORTH"/>          |               |                                   |
| Company (optional): | <input type="text"/>                              |               |                                   |
| Unit:               | <input type="text"/>                              | House number: | <input type="text" value="89"/>   |
|                     |                                                   | House suffix: | <input type="text"/>              |
| House name:         | <input type="text"/>                              |               |                                   |
| Address 1:          | <input type="text" value="HIGHER ANSWORTH ROAD"/> |               |                                   |
| Address 2:          | <input type="text" value="RADCLIFFE"/>            |               |                                   |
| Address 3:          | <input type="text"/>                              |               |                                   |
| Town:               | <input type="text" value="MANCHESTER"/>           |               |                                   |
| County:             | <input type="text"/>                              |               |                                   |
| Country:            | <input type="text"/>                              |               |                                   |
| Postcode:           | <input type="text" value="M26 4JJ"/>              |               |                                   |

### 3. Description of Proposed Works

Please describe the proposed works:

FIRST FLOOR BALCONY TO REAR, OVER EXISTING  
FLAT ROOF TO LOUNGE PROTECTION.

### 3. Description of Proposed Works (continued)

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:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

### 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

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

Do any of these statements apply to you?

☐ Yes ☒ No

If Yes, please provide details of the name, relationship and role

## 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                                       | BROWN FACING BRICKWORK         |                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof                                        | GRAND ROOF TILES               |                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows                                     | WHITE UPVC                     | WHITE UPVC                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Doors                                       | WHITE UPVC                     | WHITE UPVC DOORS<br>(ONTO BALCONY)                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) |                                |                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         |                                |                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting                                    |                                |                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Others<br>(please specify)                  |                                | BALCONY<br>WITH METAL HANDRAILS/POSTS<br>& GLAZED PANELS +<br>OPACQUE PLASTIC PANEL TO<br>R.H. SIDE (FRONT REAR) TO<br>AVOID OVERLOOKING NEIGHBOUR TO SIDE | <input 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:

11. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\*

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.  
\*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

|                     |                                                                                    |                    |
|---------------------|------------------------------------------------------------------------------------|--------------------|
| Signed - Applicant: | Or signed - Agent:                                                                 | Date (DD/MM/YYYY): |
|                     |  | 6.9.22             |

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land or building to which this application relates.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.  
\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

| Name of Owner / Agricultural Tenant | Address | Date Notice Served |
|-------------------------------------|---------|--------------------|
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |

|                     |                    |                    |
|---------------------|--------------------|--------------------|
| Signed - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY): |
|                     |                    |                    |