

Application for permission to develop land

Official Use	
Application No.	_____
Fee Received	£ _____
Receipt No.	_____

This form is specifically designed to be downloaded and completed offline. If completing a printed version, please use black ink and block capitals as the document will be scanned once received by the Planning Authority.

You are advised to read the accompanying guidance notes and per-question help text.

If you would rather make this application online, you can do so on the Planning Portal (<https://submissions.planningsystemni.gov.uk/app/>).

Please note that when you submit a planning application the information you provide including all plans, maps, drawings, forms and associated assessments will appear on the Planning Register which is publicly available and, along with any other associated documentation (with the exception of personal telephone numbers, personal e-mail addresses or sensitive personal data), will also be published online on the Planning Portal (<https://planningregister.planningsystemni.gov.uk/>). The Planning Authority will process your information in line with the General Data Protection Regulations (GDPR) requirements. A copy of the full Privacy Statement is available on the Planning Portal. To request a hard copy, please contact the Data Protection Officer for the relevant Planning Authority.

To find contact details for the Planning Authorities, including the postal or e-mail address to send offline applications to, please check their website or visit www.nidirect.gov.uk/contacts/planning-offices-ni.

Important: This form should NOT be used for the following types of application:

- Householder Application (see form PHD)
- Section 54 - Develop land without compliance to conditions of a previous approval (see form RVC1)
- Listed Building Consent (see form LB1)
- Conservation Area Consent (see form PCAC1)
- Advertisement Consent (see form A1)
- Certificate of Lawful Development (see forms LDC1 or LDC2)

1a. Applicant's name and address

1b. Agent's name and address (if applicable)

Name:		Name:	
Address:		Address:	
Town/City:		Town/City:	
Postcode:		Postcode:	
Tel:		Tel:	
Mobile:		Mobile:	
E-mail:		E-mail:	
Your Ref.:		Your Ref.:	

About the Application Site

2. Give the full postal address of the site to be developed (outline in red on site location map)

3. What is the area of the site in hectares?

4. Do you own or control any adjoining land?

Yes No

If Yes, outline in blue on the site location / layout plan

Application Type

05. Please tick the appropriate box below to indicate the type of application:

- Outline permission
- Full permission
- Reserved Matters

If Outline, please indicate which of the following matters are to be reserved for subsequent approval

- Siting
- Design
- External appearance
- Access
- Landscaping

If Reserved Matters, please provide the reference number of the Outline application and date when permission was granted.

Ref. No.:

Date:

06. Is the application for the renewal of an existing permission?

Yes No

If Yes, please provide the reference number of the previous application and date when permission was granted.

Ref. No.:

Date:

About your Development Proposal

07. Please give a concise and accurate description of all elements of the proposed development that requires approval, including the purpose for which the land / buildings are to be used. Provide details of all buildings proposed and any ancillary works including access arrangements associated with the proposal. Please also include details of any demolition if the site falls within a designated area.

08. Has any work already started?

Yes No

If Yes, please state when the work was started.

Please also describe the nature of the works.

09. Has the work already been completed?

Yes No

If Yes, please state when the work was completed.

10. Major Development

Does the proposal involve a class of development listed in the Schedule of The Planning (Development Management) Regulations (Northern Ireland) 2015?

Yes No

If Yes, has a Proposal of Application Notice been submitted for this development?

Yes No

If Yes, please provide the Reference No.:

NOTE: A Pre-Application Community Consultation report must be submitted with any Major application. Failure to submit this report may result in your application being returned.

11. Temporary Permission

Is this application requesting a temporary permission?

Yes No

If Yes, please indicate the estimated finish date for the temporary permission being sought and clarify why it is being requested. If the temporary permission request is linked to another application that is also being currently processed, please provide the reference number of that application.

12. Previous Application

Are you aware of a previous application for a similar proposal on this site?

Yes No

If Yes, please provide the Reference No.:

13. Pre-Application Discussion

Have you received any pre application advice from your local council in relation to this proposal?

Yes No

If Yes, please provide the Reference No.:

Road Access and Parking Arrangements

14. Do the access arrangements for this development involve: (tick as appropriate)

- Use of an existing unaltered access to a public road?
- Construction of a new access to a public road?
- Alteration of an existing access to a public road?

Is the access for: Vehicular Use Pedestrian Use Both

15. Are you aware if the application proposes to access onto a Protected Route?

Yes No

16. Is there a public right of way within or adjoining the site?

Yes No If Yes, show in green on the site location / layout plan

NOTE: If you propose to construct a new access or alter an existing one you must include full drawings showing these changes with your application.

17. How many vehicle parking spaces currently exist on the site in total?

18. How many vehicle parking spaces are proposed on the site in total?

Existing Use

19. State the present use of the land / buildings (if vacant state last use and date last use ceased)

Please select all existing / last known Use Classes which are applicable: (tick as appropriate)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A1 - Shops |
| <input type="checkbox"/> | A2 - Financial, professional and other services |
| <input type="checkbox"/> | B1 - Business |
| <input type="checkbox"/> | B2 - Light industrial |
| <input type="checkbox"/> | B3 - General industrial |
| <input type="checkbox"/> | B4 - Storage or distribution |
| <input type="checkbox"/> | C1 - Dwelling houses |

- | | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | C2 - Guest houses |
| <input type="checkbox"/> | C3 - Residential institutions |
| <input type="checkbox"/> | C4 - Secure residential institutions |
| <input type="checkbox"/> | D1 - Community and cultural uses |
| <input type="checkbox"/> | D2 - Assembly and leisure |
| <input type="checkbox"/> | NOT LISTED |

20. Does the proposal involve any of the following:

- Land which is known to be contaminated

Yes No

- Land where contamination is suspected for all or part of the site

Yes No

- A proposed use that would be particularly vulnerable to the presence of contamination

Yes No

NOTE: If you have said Yes to any of the above, you will need to submit an appropriate contamination assessment. You may wish to contact the local Planning Office for advice on what information may be required.

Water and Drainage

21. What is the source of the water supply?

Mains Other If Other, please specify

22. How will the surface water be disposed of? (tick as appropriate)

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | Soakaway |
| <input type="checkbox"/> | Main sewer |
| <input type="checkbox"/> | Sustainable drainage system |
| <input type="checkbox"/> | Existing water course |
| <input type="checkbox"/> | Pond / lake |
| <input type="checkbox"/> | N/A |

23. Is the site within an area of known risk of flooding?

Yes No Unknown

NOTE: If the site is within an area of known risk of flooding you may need to submit a Flood Risk Assessment before your application is determined. You may wish to contact your local planning office for advice on what information may be required.

Foul Sewage

24. Please state how foul sewage is to be disposed of: (tick as appropriate)

<input type="checkbox"/>	Mains sewer
<input type="checkbox"/>	Septic tank
<input type="checkbox"/>	Package treatment plant
<input type="checkbox"/>	Cess pit
<input type="checkbox"/>	N/A
<input type="checkbox"/>	Other (please state below)

Residential / Dwelling Units

25. Does your proposal include the gain, loss or change of use of residential units?

Yes No

If Yes, please complete the following tables providing the number of existing and proposed housing categories that are relevant to your proposal.

Existing

Type of housing	1 Bedroom	2 Bedroom	3 Bedroom	4+ Bedroom	Unknown Bedrooms
Market housing					
Social rented housing					
Intermediate housing for sale					
Intermediate housing for rent					
Other affordable housing units					
Other					
Total (Existing)					

Proposed

Type of housing	1 Bedroom	2 Bedroom	3 Bedroom	4+ Bedroom	Unknown Bedrooms
Market housing					
Social rented housing					
Intermediate housing for sale					
Intermediate housing for rent					
Other affordable housing units					
Other					
Total (Proposed)					

Biodiversity & Trees

26. Are you aware of the existence of any wildlife protected under the Wildlife (NI) Order 1985 (as amended) on the application site? Refer to the Department of Agriculture, Environment and Rural Affairs website (www.daerani.gov.uk)

Yes No

If Yes, please provide more details including what species (if possible)?

27. Are there any trees or hedges on or adjacent to the application site?

Yes No

If Yes, please confirm if details of trees / hedges are clearly shown on the drawings provided as part of this application (including known protected trees, indicating if they are to be removed or cut back).

Yes No

If No, Please explain why it is not possible to provide details concerning trees and hedges referred to above?

28. Has a Bio-diversity checklist been completed?

Yes No

If your application relates to Non Residential Development, please complete questions 29-32. If not, go to question 33

Non Residential Development

29. Does your proposal involve industrial development?

Yes No

If Yes, please give a brief description of the process, products and type of plant and machinery to be operated.

30. What is the anticipated daily water requirement on the site (m³)?

31. Does the proposal involve the need to dispose of trade effluents or trade waste?

Yes No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste.

Non Residential Floorspace

32. Does your proposal involve the loss, gain or change of use of non-residential floorspace?

Yes No

If Yes, please complete the following table providing the details for each floorspace type which is relevant to this application.

Floorspace uses	Existing area (m ²)		Proposed area (m ²)		Difference (m ²)	
	Gross	Net	Gross	Net	Gross	Net
Production						
Sales						
Offices						
Storage						
Ancillary uses						
Total						

Vehicles & Persons Attending Premises

33. For commercial and/or industrial proposals, please complete the tables below providing details of the daily average number of vehicles and persons attending the premises.

Type of Vehicles	Existing	Expected increase	Net change
Staff			
Visitors / Customers			
Goods			
Total			

Type of Persons	Existing	Expected increase	Net change
Employees			
Others Attending*			
Total			

* Others attending includes visitors, customers, diners, spectators, pupils etc.

Loss or Gain of Rooms

34. For hotels, guest houses or other residential accommodation, please indicate how many rooms will be gained or lost by change of use or demolition and what the new proposed total rooms will be.

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Hazardous Substances

35. Does the proposal involve the use or storage of Liquefied Petroleum Gas (LPG)?

Yes No (If No, please go to No.36)

If Yes, does the application involve:

- A bulk Liquefied Petroleum Gas (LPG) installation?

Yes No (If Yes, please complete No.35a)

- Liquefied Petroleum Gas (LPG) in cylinders?

Yes No (If Yes, please complete No. 35b)

35a. Additional Information for Bulk LPG Installation

Please indicate which grade(s) of LPG are involved. (tick as appropriate)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Toxic substances |
| <input type="checkbox"/> | Highly reactive / explosive substances |
| <input type="checkbox"/> | Other (please specify below) |

--

Please specify the capacity of the bulk storage vessel(s) (clearly indicate units).

--

What is the end-use of the LPG? (tick as appropriate)

- | | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Space heating |
| <input type="checkbox"/> | Cooking |
| <input type="checkbox"/> | Automotive fuel |
| <input type="checkbox"/> | Cylinder filling |
| <input type="checkbox"/> | Other (please specify below) |

--

Where LPG is withdrawn from the bulk vessel(s) in the liquid phase, please specify diameter of pipeline(s) involved (clearly indicate units).

--

Indicate what measures will be provided for bulk vessel(s) security. (tick as appropriate)

- | | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Lockable cover |
| <input type="checkbox"/> | Fenced compound |
| <input type="checkbox"/> | Other (please specify below) |

--

Specify measures to be provided to prevent vehicle impact damage to bulk vessel(s), pipeline(s) and fittings

--

Indicate what Fire Fighting facilities will be provided. (tick as appropriate)

- | | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Extinguisher(s) |
| <input type="checkbox"/> | Hose reel |
| <input type="checkbox"/> | Hydrant / hoses |
| <input type="checkbox"/> | Fixed spray system |
| <input type="checkbox"/> | Other (please specify below) |

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35b. Additional Information for LPG in Cylinders

Please indicate the supplying company of the LPG. (tick as appropriate)

- | | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Calor |
| <input type="checkbox"/> | Ergas |
| <input type="checkbox"/> | Flogas |
| <input type="checkbox"/> | Other (please specify below) |

--

Please indicate which grade(s) of LPG are involved. (tick as appropriate)

- Commercial butane
- Commercial propane
- Other (please specify below)

Please specify the sizes / capacities of cylinders involved. (clearly indicate units)

Please specify the maximum quantity of LPG to be held in cylinders? (Clearly indicate units and treat empty cylinders as being full when determining maximum quantity)

36. Does the proposal involve the use or storage of any of the following? (tick as appropriate)

- Toxic substances*
- Highly reactive / explosive substances*
- Flammable substances (unless specifically included in selection(s) above)*
- N/A

* If you have ticked any of the top three boxes above, please provide details for each category of hazardous substance in the table below. If required, please refer to Schedule 2 of The Planning (Hazardous Substances) (No. 2) Regulations (Northern Ireland) 2015 for a list of substances.

Substance involved	Amount held on site (Tonnes)	Method of storage

Mineral Workings

37. Does the application involve the carrying out of any quarrying / mineral extraction?

Yes No (If No, please go to No.38)

If Yes, please indicate the type(s) of mineral which will be extracted. (tick as appropriate)

<input type="checkbox"/>	Limestone	<input type="checkbox"/>	Sand
<input type="checkbox"/>	Granite	<input type="checkbox"/>	Gravel
<input type="checkbox"/>	Sandstone	<input type="checkbox"/>	Sand and Gravel
<input type="checkbox"/>	Precious Metals / Ore	<input type="checkbox"/>	Salt
<input type="checkbox"/>	Clay	<input type="checkbox"/>	Other

If Other, please specify

Please indicate method(s) of extraction. (tick as appropriate)

<input type="checkbox"/>	Rock hammer
<input type="checkbox"/>	Blasting
<input type="checkbox"/>	Excavator
<input type="checkbox"/>	Dredging
<input type="checkbox"/>	Other (please specify below)

What is the estimated quantity of minerals to be extracted yearly (tonnes)?

What is the anticipated rate of working per year (hectares)?

What is the maximum depth of excavation proposed (metres)?

What is the anticipated number of working levels to be used for the proposed excavation?

Please estimate the total number of reserves being applied for (tonnes)?

What is the estimated life expectancy of mineral working?

What extractive waste product(s) will there be? (tick as appropriate)

<input type="checkbox"/>	Waste rock
<input type="checkbox"/>	Dust
<input type="checkbox"/>	Topsoil
<input type="checkbox"/>	Overburden
<input type="checkbox"/>	None
<input type="checkbox"/>	Other (please specify below)

Has a waste management plan, reduced plan or waiver been submitted?

Yes No

Please provide details of all European Waste Codes associated with this application.

What is the number of full time equivalent employees currently on the site?

If this application is successful, what will be the total number of proposed full time equivalent employees on the site?

For extraction of minerals, please provide details of the relevant opening hours using the 24 hour clock format (HH:mm)

Start Time: Monday to Saturday	End Time: Monday - Saturday
Start Time: Sunday and Bank Holiday	End Time: Sunday and Bank Holiday

Is it likely that hours of operation for mineral extraction will be different from the general hours which the site will be open but not extracting minerals?

Yes No

If Yes, please provide details of the relevant opening hours for when the site is open but not extracting minerals using the 24 hour clock format (HH:mm)

Start Time: Monday to Saturday	End Time: Monday - Saturday
Start Time: Sunday and Bank Holiday	End Time: Sunday and Bank Holiday

Is it likely that there will be seasonal variation to the opening hours? If so, please provide clarification.

Development on a Farm

38. Does the application involve development on a farm?

Yes No (If No, please go to No.39)

If Yes, what type of development does this application relate to? (tick one as appropriate)

- Dwelling
 Agricultural / forestry (including farm diversification)

Please choose which of the following best describes the ownership of the active farm business.

- Completely owned by applicant
 Jointly owned by applicant*
 Not owned by applicant*

Please provide the name(s) and postal address(es) of all owner(s) of the active farm business (including the applicant, if applicable)

I / We confirm that the owner(s) of the active farm business indicated above have been notified about the submission of this application.

Approximately when was this farm business established?

Do you have a DAERA Farm Business Identification Number?

Yes No

If Yes, please enter the Farm Business ID Number and date of allocation.

ID No.
This should be a 6-digit number that begins with "6"

Date:

Do you submit a Single Farm Payment or other farm subsidies to DAERA?

Yes No

If Yes, has this or its equivalent been claimed continuously over the previous 6 years?

Yes No

NOTE: If relevant, accurate and up-to-date farm maps should also be included with this application. These should clearly show the location of the main farm address, all principal farm buildings and all buildings that are owned or controlled. In addition, any land / holdings which are not owned should also be shown (e.g. Conacre).

In the case of a dwelling on a farm, please demonstrate how the farm business has been active and established for at least 6 years. (In order to establish the length of time the farm business has been active, please provide any other DAERA [formerly DARD] Applicant Reference Numbers and any other evidence in support of your application)

Are you aware of any planning approvals on the land under your control or associated with the referenced business within the past 10 years?

Yes No

If Yes, please provide the planning reference number(s)

Have any dwellings or development opportunities been sold off from the farm holding within 10 years of the date of this application? (Sold off refers to any development opportunity disposed of from the farm holding to any other person, including a member of the family)

Yes No

If Yes, please provide details (you should also indicate location on the farm map and provide planning reference numbers, if applicable)

Have you considered any Habitats Regulations Assessment / biodiversity implications that may arise from the proposal and provided reports and assessments where necessary? (You can check if the site is within a sensitive location by referring to the NIEA Natural Environment Map Viewer on the DAERA website – www.daera-ni.gov.uk)

Yes No

Does this application involve the siting away from an established group of buildings for a dwelling or agricultural development?

Yes No

If Yes, please provide any information which supports the need for having to use an alternative site. (Policy CTY 10 criterion - please provide: (1) information to demonstrate that no other site is available; and either (2a) demonstrable health and safety reasons or (2b) verifiable plans to expand the farm business at the existing building group(s))

Crèches and Day Nurseries

39. Does the application involve a Crèche or Day Nursery?

Yes No (If No, please go to No.40)

If Yes, please give details of the total number of children already on the site, and the estimated total number of children likely as a result of the proposal being implemented.

Existing number of children	Anticipated number of children

Please give details of the total number of people already employed in the nursing or residential home, and also the total staff likely to be employed as a result of the proposal being implemented. Each total should be calculated as the total Full-time equivalent (FTE). The FTE working hours of a 'part-time' employee can be calculated by dividing the part-time hours by the standard number of hours for a 'full-time' employee. Example: A part-time employee who works 20 hrs a week (instead of 40 hrs full time) will have FTE working hours = 20 / 40. Therefore, the FTE for that employee = 0.5.

Current number of full time equivalent employees	Anticipated number of full time equivalent employees

NOTE: Please ensure Question 33 is completed and that a submitted plan (1:500 scale) shows what provision has been made or will be made for parking, loading and unloading of vehicles within the site.

Nursing and Residential Homes

40. Does the application involve the provision of a Nursing or Residential Homes?

Yes No (If No, please go to No.41)

If Yes, please give details of the total number of patients already in the nursing or residential home, and the estimated total number likely as a result of the proposal being implemented.

Existing number of patients	Anticipated number of patients

Turbine Name:	A unique name or number provided by the applicant, if applicable.
Overall Height:	Maximum height from ground to rotor tip with rotor blade vertical, in metres.
Hub Height:	Height from ground to rotor centre, in metres.
Rotor Diameter:	Diameter of the circle created by revolving rotor blades, in metres.
Tower Diameter:	Maximum diameter of the turbine supporting tower, in metres.
Turbine Centre Co-Ordinates:	Proposed turbine centre location, in Irish Grid 6 digit Eastings & Northings.
Micro-Site Distance:	The maximum distance by which the turbine centre might be offset from the proposed turbine centre location, in metres.
Base height above sea level:	The approximate height each turbine is above sea level. Above Ordnance Datum (AOD) refers to a height above the Ordnance Datum, in metres.

Planning Application Certificate of Ownership

42. Please fill in **ONE** of the following certificates as required under Section 42 of the Planning Act (Northern Ireland) 2011. This form constitutes a statement of ownership, not proof of ownership.

If you are applying for approval of Reserved Matters following a grant of Outline permission, a certificate is **NOT** required.

CERTIFICATE A

I hereby certify that the accompanying application is made by or on behalf of

(Please use BLOCK LETTERS)

who is in actual possession of every part of the land to which the said application relates and is entitled to

(tick as appropriate)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | a fee simple absolute |
| <input type="checkbox"/> | a fee tail |
| <input type="checkbox"/> | a life estate |
| <input type="checkbox"/> | a tenancy of which at least 40 years remain unexpired in the land |

Signature of Applicant / Agent _____ Date: _____

or

CERTIFICATE B

I hereby certify that the accompanying application is made by or on behalf of

(Please use BLOCK LETTERS)

Who is the trustee of a trust or settlement which affects every part of the land to which the accompanying application relates and that at the date of the application:

- (a) a beneficiary under the trust or settlement is in the actual possession of every part of the land; and
- (b) no person other than a beneficiary under the trust or settlement is entitled to enter into the actual possession of any part of the said land within a period of 40 years.

Signature of Applicant / Agent _____ Date: _____

or

CERTIFICATE C

I hereby certify that the §requisite notice of the accompanying application has been given by or on behalf of

_____ (Please use BLOCK LETTERS)

to any person, who at the beginning of the period of 21 days ending with the date of the said application was, in relation to all or any part of the land affected by the application:

- (a) a person then in actual possession;
- (b) the trustee of a trust or settlement where a beneficiary under the trust or settlement was in actual possession and no person other than such a beneficiary was entitled to enter into actual possession within a period of 40 years; and
- (c) a person [not being a person falling within (a) or (b)] entitled to enter into actual possession within a period of 40 years.

The persons upon whom notice was served are:

Name and Address	Interest	Date of service of notice
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant / Agent _____ Date: _____

§ Copies of the requisite notice (Form P2A) may be obtained from your local planning office

or

CERTIFICATE D

1. I hereby certify that the person making the accompanying application:

(a) is unable to issue a certificate in accordance with either Section 42(1)(a) or (b) of the Planning Act (Northern Ireland) 2011;

(b) has made due enquiries and is of the opinion that they are unable to issue a certificate which would satisfy the requirements of Section 42(1)(c) of the said Act for the following reasons;

(c) has given the requisite notice of the application to the undermentioned persons who, at the beginning of the period of 21 days ending with the date of the said application, were in the actual possession of all or part of the land to which the application relates, namely:

Name and Address:	Date of service of notice:
_____	_____
_____	_____
_____	_____
_____	_____

2. Notice of the said application has been published in the _____
(newspaper) on _____ (date) and a copy of the newspaper in which the notice
appeared is enclosed.

Signature of Applicant / Agent _____ Date: _____

§ Copies of the requisite notice (Form P2A) may be obtained from your local planning office.

WARNING: Any person who knowingly or recklessly issues this certificate containing a statement which is false or misleading is guilty of an offence and liable on summary conviction to a fine.

Authority Employee / Elected Member Interest

43. Are you / the applicant / the applicant's spouse or partner, a member of staff within the council or an elected member of the council?

Yes No

44. Are you / the applicant / the applicant's spouse or partner, a relative of a member of staff in the council or an elected member of the council or their spouse or partner?

Yes No

If you have answered Yes to either of the above questions, you / the applicant / the applicant's spouse or partner may have a duty to declare an interest in this application under the Authority's code of conduct or scheme of delegation. If necessary, a council officer may be in touch with you to confirm details.

Fee Payable

45. Please read 'Planning Fees Explanatory Notes for Applicants' and submit the correct fee as set out in the scale of fees in the current Fee Regulations available on the Department for Infrastructure's website (www.infrastructure-ni.gov.uk/topics/planning). The Explanatory Notes provide further information on the fee exemptions / reductions that are available to applicants, subject to certain conditions, and the evidence which is required to be submitted.

Do you qualify for a reduced or nil fee due to any of the following reasons? (tick if applicable)

The application is for the extension / alteration to a disabled person's dwelling house to improve access, safety or comfort.

The application is for the carrying out of works for the purpose of providing a means of access for disabled persons to a public building.

The application relates to the provision of community facilities (including sports grounds) and playing fields and has been made by, or on behalf of, a non-profit making club, society or other organisation.

The application is to renew planning permission where the existing approval has not yet expired and therefore a reduced fee of 25% of the normal fee applies. (If Yes, please ensure Q6 is completed)

Please give details of the fee category/ies

I enclose a cheque / postal order no.

for the sum of £

Cheques or postal orders should be made payable to your relevant council, or as the case may be, the Department for Infrastructure and crossed 'Not negotiable, A/C Payee only'.

If you wish to pay by an alternative method, please contact the relevant council, or as the case may be, the Department for Infrastructure to enquire about the options available.

Declaration

The information *I / we have given in this form and accompanying plans is correct and complete to the best of my / our knowledge and belief.

*** I / We apply for planning permission for the development described in this application and the accompanying plans.**

Signature of *Applicant / Agent _____ Date _____

** Delete as appropriate*

Checklist

It is very important that you check to ensure that all of the requirements listed have been satisfied before submitting your application. Please note that failure to comply may result in your submission being returned or the processing of the application being delayed until all relevant information is submitted.

Forms

Please tick the boxes to indicate enclosures

Has the form been completed fully, all duly signed and dated?

Have you completed the certificate of ownership section?

(Only one section A, B, C or D should be fully completed. If required, please refer to the "Advice for Completing Planning Application Form P1 for Permission to Develop Land")

Plans/Drawings

Have you included Ordnance Survey based site location plans to scale, clearly showing the site outlined in red, ensuring that lands required for access to the public road and for the septic tank are included within the red line?

Have you submitted the required type of fully annotated detailed drawings to an appropriate scale?

Site Location Plan

Elevations

Site layout/Block Plan

Cross Sections

Floor Plans

Existing & Proposed Levels

Fee

Have you enclosed the correct fee?

Have you enclosed all necessary supplementary documents? (e.g. supporting information so as to avail of a reduced or nil fee)

Reserved Matters

If you are applying for Reserved Matters approval following the grant of Outline permission, are all the conditions of the Outline approval met? (If not, the Reserved Matters approval cannot be sought and Full permission should be sought instead)

You should note that during processing, further information and details may be requested to enable the Planning Authority to determine your application.

Additional Applications

When proposing to undertake a development there may be other forms of planning control to consider. Answer Questions (iv) - (vii) below to check if you need to submit an additional application. If you answer 'Yes' complete the appropriate application and submit it to the relevant local Area Planning Office, or as the case may be, the Department.

- | | | | | | | |
|-------|--|----|--------------------------|-----|--------------------------|---|
| (iv) | Does your proposal relate to the alteration or demolition of a listed building? | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Submit an application for Listed Building Consent, using Form LB1 |
| (v) | Does your proposal relate to the demolition of a building within a Conservation Area? | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | You may need to submit an application for Conservation Area Consent, using Form PCAC1 |
| (vi) | Does your proposal involve the use or storage of any Hazardous Substances, which are subject to the controls set out in the Planning (Hazardous Substances) (No. 2) Regulations (Northern Ireland) 2015? | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Submit an application for Hazardous Substances Consent using Form HSC |
| (vii) | Does your proposal involve the display of any advertisements? | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | You may need to submit an application for Advertisement Consent using Form A1 |

NOTE: You may also need to apply for approval under the Building Regulations, the forms for which are available from the Council.