Minerals or Waste Planning Application

For office use only:

C.C. Ref

D.C. Ref

Fee Paid

Date Validated

Expiry of Statutory Period

Part A. To be Completed by all Applicants

Please read accompanying notes before completing this form. Four completed copies of this form and plans must be submitted to Norfolk County Council. Further copies may be requested for consultation purposes.

1a	Name and Address of applicant	1b Name and Address of agent	
Tel.No.		Tel. No.	
Fax No.		Fax No.	
E-mail		E-mail	
2 111411			
2	Full address of application site and outline in red on submitted plan.		
		Site area =	Hectares
3	State whether applicant owns or controls any adjoining land, and if so, give its location, and outline in blue on submitted plan.		
4	Give a brief description of the proposed development		
5	State the present use of land and/or buildings or, if vacant, the last previous use.		

6	Type of application	Please tick a, b, c, or d			
A	Full permission				
В	Outline permission	If yes are any of the following reserved for the subsequent approval of the Local Planning Authority?			
	External appearance	Design Access			
	Siting	Landscaping			
С	Approval of matters reserved in an earlier outline permission	If yes give Permission Ref No.			
D	Change or removal of a condition	If Yes give Permission Ref No			
		And Condition No.			
7	7 State whether the proposal involves the construction of, or alteration to, an access to a highway. If yes please show details on submitted plans.				
I/We hereby make application for permission to carry out the development described in this application and attach the following:					
1	Plans (Quote reference nu below)	abers Tick Box			
2	Supporting Statement	Tick Box			
3	Land Ownership Certificat	Tick Box			
4	Environmental Statement	Tick Box			
5	Copies of any existing relation 106 or 278 Agreements	ant Section Tick Box			
6	Fee (cheques payable County Council)	to Norfolk Tick Box Amount £			
Si	gned	On behalf of (insert applicant's name if signed by an agent).			
Da	ated				