

REVERSE SIDE TO BE COMPLETED BY APPLICANT **BEFORE SUBMISSION** TO THE LOCAL AUTHORITY

THIS SECTION IS TO BE COMPLETED BY THE LOCAL AUTHORITY

| LOCAL AUTHORITY DETAILS | |
|---|-----------|
| I, (full name) | |
| being the (title) | |
| for the (name of Local Planning Authority) | |
| with respect to the application by (name of applicant) | |
| hereby certify that the premises known as | |
| and situated at | |
| | Post code |
| <input type="checkbox"/> Will comply with all relevant planning laws, namely: | |
| | |
| | |
| OR | |
| <input type="checkbox"/> Would comply with the relevant planning laws if consent were given by the following authority: | |
| | |
| | |
| (i) It is not known whether the authority will give their consent; or | |
| (ii) It is known the authority will give consent subject to the following probable conditions/restrictions: | |
| | |
| | |
| | |
| OR | |
| <input type="checkbox"/> Will not comply with the relevant planning laws for the following reasons: | |
| | |
| | |
| | |
| | |

| | |
|---------------------------------|--------|
| Dated the | day of |
| Signature of authorised officer | |

