Planning Services South Norfolk House, Swan Lane, Long Stratton, Norwich NR15 2XE

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Application for prior notification of proposed development by

telecommunications code system operators.

Town and Country Planning General Permitted Development Order 1995 Schedule 2, part 24

You can complete and submit this form electronically via the Planning Portal by visiting 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 | | 2. Agent Name and Address |
|-------------------------------|-----------------------------|---------------------------|
| Title: | First name: | Title: First name: |
| Last name: | | Last name: |
| Company (optional): | | Company (optional): |
| Unit: | House number: House suffix: | Unit: House House suffix: |
| House name: | | House name: |
| Address 1: | | Address 1: |
| Address 2: | | Address 2: |
| Address 3: | | Address 3: |
| Town: | | Town: |
| County: | | County: |
| Country: | | Country: |
| Postcode: | | Postcode: |

| 3. Site Address Details | 4. Pre-application Advice | | | |
|--|---|--|--|--|
| Please provide the full postal address of the application site. | Has assistance or prior advice been sought from the local | | | |
| Unit: House House suffix: | authority about this application? | | | |
| House name: | If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this | | | |
| Address 1: | application more efficiently). Please tick if the full contact details are not | | | |
| Address 2: | known, and then complete as much as possible: | | | |
| Address 3: | Officer name: | | | |
| Town: | Peference: | | | |
| County: | | | | |
| (optional): | Date: (DD/MM/YYYY) | | | |
| Description of location or a grid reference. (must be completed if postcode is not known): | (must be pre-application submission) | | | |
| Easting: Northing: | Details of pre-application advice received? | | | |
| Description: | | | | |
| | | | | |
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| 5. Telecommunications Apparatus | | | | |
| Please specify the type of apparatus to be installed or altered (e.g. ca | ll box. mast): | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Please provide further details of the apparatus (e.g. height, size, color | ur etc): | | | |
| Fredse provide further details of the apparatus (e.g. height, size, color | | | | |
| | | | | |
| | | | | |
| | | | | |
| Are you replacing an existing installation? | Yes No | | | |
| If Yes, please provide further details of the existing apparatus (e.g. he | aight, size, colour etc): | | | |
| | | | | |
| | | | | |
| | | | | |
| Are you submitting a declaration confirming that the apparatus is in | • | | | |
| the requirements of the radio frequency (RF) public exposure guideli | | | | |
| International Commission on Non-Ionizing Padiation Protection (ICNIRP)? The emissions from all mobile phone network operators' equipment on the site must be taken into | | | | |
| account when determining compliance. | | | | |
| | | | | |
| 6. Supplementary Information | 7. Neighbour and Community Consultation | | | |
| Are you also providing a completed Supplementary Information Template (as set out in Annex F of the Code of Best Practice on | Have you consulted your neighbours or the local community about the proposal? Yes No | | | |
| Mobile Phone Network Development)? | | | | |
| Yes No | If Yes, please provide details: | | | |
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| Pease read the following checklist to make sure you have sent all the information is support of your proposal. Failure to submit all information required by the Local Planning Authority has been submitted. The original and 3 copies of a completed and dated prior notification form: Image: The original and 3 copies of the location plan to a scale not less than 12500: 9. Declaration Image: The original and 3 copies of the location plan to a scale not less than 12500: Image: The original and 3 copies of the location plan to a scale not less than 12500: 9. Declaration Image: The original and 3 copies of the location plan to a scale not less than 12500: Image: The original and 3 copies of the location plan to a scale not less than 12500: 9. Declaration Image: The original and 3 copies of the location plan to a scale not less than 12500: Image: The original and 3 copies of the location plan to a scale not less than 12500: 9. Declaration Image: The original and 3 copies of the location plan to a scale not less than 12500: Image: The original and the accompanying plans/drawings and additional information. Signed - Applicant: Or signed - Agent: Image: The original complexity of the plan transform and the accompanying plans/drawings and additional information. 10. Applicant: Or attransform and the accompanying plans/drawings and additional information. Image: The original additional number: Country code: National number: No Image: The original additional number: | 8. Planning Application Requirements - Checklist | | | |
|---|--|---|--|--|
| The original and 3 copies of the location plan to a scale not less than 12500: 9. Declaration Vwe hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. Sgned - Applicant: Or signed - Agent: Date (DD/MM/YWY): | information required will result in your application being deemed invalid. It will not be considered valid until all information required by | | | |
| 9. Declaration //we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. Sgned - Applicant: Or signed - Agent: | The original and 3 copies of a completed and dated prior notification form: | | | |
| //we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. Sgned - Applicant: Or signed - Agent: Date (DD/MM/YYYY): (date cannot be pre-application) 10. Applicant Contact Details Telephone numbers Country code: National number: Ountry code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Telephone numbers No ft he planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>) Agent Applicant Other (if different from the agent/applicant's details) Telephone number: Other (if different from the agent/applican | The original and 3 copies of the location plan to a scale not less than 1:2500: | | | |
| 10. Applicant Contact Details Telephone numbers Country code: National number: Discrete Discrete Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Email address (optional): Email address (optional): Email address (optional): Email address (optional): Imail address (optional): Imail address (optional): Imail address (optional): Imail address (optional): | I/we hereby apply for planning permission/consent as described in th information. Signed - Applicant: | | | |
| Telephone numbers Extension Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Country code: Email address (optional): Email address (optional): Email address (optional): Email address (optional): Country code: Fax number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Email address (optional): Email address (optional): Contact site visit, whom should they contact? (<i>Please select only one</i>) Agent Applicant If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>) Agent Applicant Cher (if different from the agent/applicant's details) If Other hasbeen selected, please provide: Countr | (date cannot be pre-application) | | | |
| Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Email address (optional): Enail address (optional): Email address (optional): Email address (optional): Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No If the planning authority needs to make an appointment to carry out a site vist, whom should they contact? (<i>Hease select only one</i>) Agent Applicant Other (if different from the agent/applicant's details) If Other has been selected, please provide: Contact name: Telephone number: Contact name: Contact name: | 10. Applicant Contact Details | 11. Agent Contact Details | | |
| Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>) Agent Applicant Other (if different from the agent/applicant's details) If Other has been selected, please provide: Contact name: Telephone number: | Country code: National number: Extension number: Country code: Mobile number (optional): | Country code: National number: Extension number: Country code: Mobile number (optional): Image: Country code: Country code: Fax number (optional): Image: Country code: Country code: Fax number (optional): Image: Country code: | | |
| Email address: | | | | |