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# APPLICATION FOR ADDITIONAL ENVIRONMENTAL APPROVAL FOR EXTENSION OF TIME LIMIT FOR IMPLEMENTATION OF A PLANNING PERMISSION

**TOWN AND COUNTRY PLANNING ACT 1990**

**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.

Address 1:

Address 2:

Address 3: Town: County: Country: Postcode:

Telephone Number:

Mobile Number:

E-mail:

House suffix

House number:

Last Name:

Company (optional):

Unit:

First Name:

Title:

**2. Applicant Name and Address**

Address 1:

Address 2:

Address 3: Town: County: Country: Postcode:

Telephone Number:

Mobile Number:

E-mail:

House suffix

House number:

Last Name:

Company (optional):

Unit:

First Name:

Title:

**3. Agent Name and Address**

|  |  |  |
| --- | --- | --- |
| **4. Address (to which permission relates):** |  | **Details of Planning Application:** |
| Unit: |  | House number: |  | House suffix |  |  | Planning Application Number: |  |
| Address 1: |  |  |
| Address 2: |  |  | Date of Decision: |  |
| Address 3: |  |  |
| Town: |  |  | Details of Planning Condition; or |  |
| County: |  |  |
| Country: |  |  | Clause of S106 Agreement: |  |
| Postcode: |  |  |

|  |  |
| --- | --- |
| What are the existing agreed construction working hours/days: |  |
| What are the proposed revised construction working hours/days: |  |
| When would you like the proposed construction working hours/days to take effect: |  |
| When would you like the proposed construction working hours/days to cease to have effect: |  |
| Please provide a justification as to why the extended working hours/days are necessary to enable safe working practice on-site: |  |
| Please provide a list of the primary construction activities, expected to take place during the extended working hours, including plant and equipment to be used : |  |
| Please provide a proportionate assessment (where relevant) of the likely impact of noise upon sensitive users near to the site (e.g. dwellings, care homes and hospitals) : |  |
| Please provide details of any mitigation measures that will be implemented to reduce local disturbance from the proposed revised working hours/days: |  |
| Please provide details of any community engagement to be undertaken in relation to any proposed mitigation measures (*NOTE: Please refer to Section 5 of the Draft guidance: modification of planning conditions relating to construction working hour -* [*https://www.gov.uk/government/publications/construction-working-hours-draft-guidance/draft-guidance-construction-site-hours-deemed-consent*](https://www.gov.uk/government/publications/construction-working-hours-draft-guidance/draft-guidance-construction-site-hours-deemed-consent)): |  |

**Declaration:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed -Application |  | On behalf of (if applicable) |  | Date: (dd/mm/yyyy) |  |
|  |  |  |  |  |  |

**Submission**

Please submit this application form, alongside any relevant additional information, to planning@nfdc.gov.uk . Please write in the subject box of the email – CONSTRUCTION WORKING HOURS APPLICATION