PlanningPortal

**This form is specifically designed to be printed and completed offline.**
**Please complete this form in block capitals using black ink to facilitate scanning.**
**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 our website: https://www.planningportal.co.uk/apply**

# Application for Planning Permission

Town and Country Planning Act 1990 (as amended)

## Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

## Local Planning Authority details:

**WOKINGHAM BOROUGH COUNCIL**

Wokingham Borough Council
Planning Services
PO Box 157, Civic Offices, Shute End
Wokingham, Berkshire
RG40 1WR
email: development.control@wokingham.gov.uk
Phone: 0118 974 6000

## Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.
Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information.
If you require any further clarification, please contact the Local Planning Authority directly.

## 1. Applicant Name and Address

| | | | |
|---|---|---|---|
| Title: | MR | First name: | MATTHEW |
| Last name: | INNES-WILKIN | | |
| Company (optional): | 3M | | |
| Unit: | | House number: | House suffix: |
| House name: | 3M CENTRE | | |
| Address 1: | CAIN ROAD | | |
| Address 2: | | | |
| Address 3: | | | |
| Town: | BRACKNELL | | |
| County: | BERKSHIRE | | |
| Country: | ENGLAND | | |
| Postcode: | RG12 8HT | | |

## 2. Agent Name and Address

| | | | |
|---|---|---|---|
| Title: | MR | First name: | CHRIS |
| Last name: | BRIGHTMAN-WHITE | | |
| Company (optional): | THE AUSTIN COMPANY OF UK LTD. | | |
| Unit: | 22 | House number: | BLDG. 6 House suffix: |
| House name: | | | |
| Address 1: | CROXLEY PARK | | |
| Address 2: | HATTERS LANE | | |
| Address 3: | | | |
| Town: | WATFORD | | |
| County: | | | |
| Country: | ENGLAND | | |
| Postcode: | WD18 8YH | | |

## 3. Description of the Proposal

Please describe the proposed development, including any change of use:

FORMATION OF NEW EXTERNAL PLANT COMPOUND AND PROVISION OF BUILDING, SERVICED STRUCTURES TOGETHER WITH MODIFICATIONS TO EXISTING BUILDING FACADE.

Has the building, work or change of use already started? ☐ Yes ☑ No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY): (date must be pre-application submission)

Has the building, work or change of use been completed? ☐ Yes ☑ No

If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY): (date must be pre-application submission)

Reference number of permission in principle being relied on (technical details consent applications only):

Is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)? ☐ Yes ☑ No

## 4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: BUILDING 1050

Address 1: ESKDALE ROAD

Address 2: WINNERSH TRIANGLE

Address 3:

Town: WOKINGHAM

County:

Postcode (optional): RG41 5TS

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

## 5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☑ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

## 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? ☐ Yes ☑ No

Is a new or altered pedestrian access proposed to or from the public highway? ☐ Yes ☑ No

Are there any new public roads to be provided within the site? ☐ Yes ☑ No

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☑ No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? ☐ Yes ☑ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

## 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☑ Yes ☐ No

If Yes, please provide details:

THERE IS A NEW DEDICATED AREA TO STORE CHEMICAL WASTE.

Have arrangements been made for the separate storage and collection of recyclable waste? ☑ Yes ☐ No

If Yes, please provide details:

THE EXISTING WASTE AREA HAS SEPERATE STORAGE AND COLLECTION OF RECYCLABLE WASTE.

## 8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? ☐ Yes ☑ No

With respect to the authority, I am:
(a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

If Yes, please provide details of their name, role and how you are related to them.

## 9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

| | Existing (where applicable) | Proposed | Not applicable | Don't Know |
|---|---|---|---|---|
| Walls | ALUMINIUM CLADDING PANELS | RENDERED FRAMING SYSTEM TO SECTION AT GROUND FLOOR. LOUVRES. ~~TIMBER FENCING~~. | ☐ | ☐ |
| Roof | | | ☑ | ☐ |
| Windows | | | ☑ | ☐ |
| Doors | GLAZED CURTAIN WALL DOOR SYSTEM. | STEEL DOOR, ROLLER SHUTTER DOOR, ~~TIMBER DOOR PAINTED~~. | ☐ | ☐ |
| Boundary treatments (e.g. fences, walls) | | TIMBER FENCING + GATES. | ☐ | ☐ |
| Vehicle access and hard-standing | BRICK PAVING. | CONCRETE, KERBS, + TARMAC. | ☐ | ☐ |
| Lighting | EXTERNAL LIGHT ON POSTS. | LIGHTING ~~TO~~ WALL MOUNTED ON COMPOUND FENCE. | ☐ | ☐ |
| Others (please specify) | | | ☐ | ☐ |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? ☑ Yes ☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

2516-AU-02-XX-DR-A-0001 - SITE LOCATION PLAN PLANNING
2516-AU-02-XX-DR-A-0002 - EXISTING SITE PLAN
2516-AU-02-XX-DR-A-0003 - BLOCK PLAN
2516-AU-02-XX-DR-A-0004 - PROPOSED PLANT COMPOUND PLAN
2516-AU-02-XX-DR-A-0005 - PLANT COMPOUND PROPOSED ELEVATIONS.

2516-AU-02-XX-DRA-0006 EXISTING ELEVATIONS
2516-AU-02-XX-DR-A-0007 PROPOSED ELEVATIONS.

## 10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

| Type of Vehicle | Total Existing | Total proposed (including spaces retained) | Difference in spaces |
|---|---|---|---|
| Cars | 204 | 166 | -38 |
| Light goods vehicles/ public carrier vehicles | | | |
| Motorcycles | 3 | 3 | 0 |
| Disability spaces | | | |
| Cycle spaces | 49 | 48 | 0 |
| Other (e.g. Bus) | | | |
| Other (e.g. Bus) | | | |

## 11. Foul Sewage

Please state how foul sewage is to be disposed of:

- [x] Mains sewer
- [ ] Cess pit
- [ ] Septic tank
- [ ] Other
- [ ] Package treatment plant

Are you proposing to connect to the existing drainage system? [ ] Yes [x] No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

## 12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.) [x] Yes [ ] No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? [ ] Yes [x] No

Will the proposal increase the flood risk elsewhere? [ ] Yes [x] No

How will surface water be disposed of?

- [ ] Sustainable drainage system
- [ ] Existing watercourse
- [ ] Soakaway
- [ ] Pond/lake
- [x] Main sewer

## 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- [ ] Yes, on the development site
- [ ] Yes, on land adjacent to or near the proposed development
- [x] No

b) Designated sites, important habitats or other biodiversity features:

- [ ] Yes, on the development site
- [ ] Yes, on land adjacent to or near the proposed development
- [x] No

c) Features of geological conservation importance:

- [ ] Yes, on the development site
- [ ] Yes, on land adjacent to or near the proposed development
- [x] No

## 14. Existing Use

Please describe the current use of the site:

OFFICE BUILDING AND ANCILLARY OUT BUILDINGS.

Is the site currently vacant? [ ] Yes [x] No

If Yes, please describe the last use of the site:

When did this use end (if known)? DD/MM/YYYY (date where known may be approximate)

Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? [ ] Yes [x] No

Land where contamination is suspected for all or part of the site? [ ] Yes [x] No

A proposed use that would be particularly vulnerable to the presence of contamination? [ ] Yes [x] No

## 15. Trees and Hedges

Are there trees or hedges on the proposed development site? [ ] Yes [x] No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? [ ] Yes [x] No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

## 16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? [ ] Yes [x] No

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

## 17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? ☐ Yes ☑ No
If Yes, please complete details of the changes in the tables below:

### Proposed Housing

| Market Housing | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats/maisonettes | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Other | ☐ | | | | | | |
| **Totals** $(a+b+c+d+e+f)=$ | | | | | | | |

| Social, Affordable or Intermediate Rent | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats/maisonettes | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Other | ☐ | | | | | | |
| **Totals** $(a+b+c+d+e+f)=$ | | | | | | | |

| Affordable Home Ownership | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats/maisonettes | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Other | ☐ | | | | | | |
| **Totals** $(a+b+c+d+e+f)=$ | | | | | | | |

| Starter Homes | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats/maisonettes | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Other | ☐ | | | | | | |
| **Totals** $(a+b+c+d)=$ | | | | | | | |

| Self Build and Custom Build | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats/maisonettes | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Other | ☐ | | | | | | |
| **Totals** $(a+b+c+d)=$ | | | | | | | |

**Total proposed residential units** $(A+B+C+D+E)=$

### Existing Housing

| Market Housing | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats/maisonettes | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Other | ☐ | | | | | | |
| **Totals** $(a+b+c+d+e+f)=$ | | | | | | | |

| Social, Affordable or Intermediate Rent | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats/maisonettes | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Other | ☐ | | | | | | |
| **Totals** $(a+b+c+d+e+f)=$ | | | | | | | |

| Affordable Home Ownership | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats/maisonettes | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Other | ☐ | | | | | | |
| **Totals** $(a+b+c+d+e+f)=$ | | | | | | | |

| Starter Homes | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats/maisonettes | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Other | ☐ | | | | | | |
| **Totals** $(a+b+c+d)=$ | | | | | | | |

| Self Build and Custom Build | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats/maisonettes | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Other | ☐ | | | | | | |
| **Totals** $(a+b+c+d)=$ | | | | | | | |

**Total existing residential units** $(F+G+H+I+J)=$

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

## 18. All Types of Development: Non-residential Floorspace

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

☐ Yes ☑ No

If you have answered Yes to the question above please add details in the following table:

| Use class/type of use | | Not applicable | Existing gross internal floorspace (square metres) *(a)* | Gross internal floorspace to be lost by change of use or demolition (square metres) *(b)* | Total gross internal floorspace proposed (including change of use) (square metres) *(c)* | Net additional gross internal floorspace following development (square metres) *(d = c - a)* |
|---|---|---|---|---|---|---|
| B2 | General industrial | ☐ | | | | |
| B8 | Storage or distribution | ☐ | | | | |
| C1 | Hotels and halls of residence | ☐ | | | | |
| C2 | Residential institutions | ☐ | | | | |
| C2A | Secure Residential institutions | ☐ | | | | |
| C4 | Homes in Multiple Occupation | ☐ | | | | |
| E(a) | Display/Sale of goods other than hot food | ☐ | | | | |
| E(b) | Sale of food and drink for consumption mostly on the premises | ☐ | | | | |
| E(c)(i) | Financial services | ☐ | | | | |
| E(c)(ii) | Professional services | ☐ | | | | |
| E(c)(iii) | Other appropriate services in a commercial, business or service locality | ☐ | | | | |
| E(d) | Indoor sport, recreation, or fitness - Excluding motorised vehicles, firearms, swimming, and skating | ☐ | | | | |
| E(e) | Medical or health services - Except premises attached to the residence of the provider | ☐ | | | | |
| E(f) | Creche, day nursery or day centre - Except where including a residential use | ☐ | | | | |
| E(g)(i) | Offices - Except where not suitable in a residential area | ☐ | | | | |
| E(g)(ii) | Research and development - Except where not suitable in a residential area | ☐ | | | | |
| E(g)(iii) | Industrial processes - Except where not suitable in a residential area | ☐ | | | | |
| F1 | Learning and non-residential institutions | ☐ | | | | |
| F2 | Local community uses (essential shops, meeting places, sport, and recreation) | ☐ | | | | |
| OTHER | | ☐ | | | | |
| Please Specify | | ☐ | | | | |
| | Total | | | | | |

## 18. All Types of Development: Non-residential Floorspace (continued)

Does the proposal include use as a shop (e.g. For the display/sale of goods under Use Class E(a), the sale of essential goods under Use Class F2, or as part of any other use)

☐ Yes ☑ No

If you have answered Yes to the question above please add details in the following table:

| Use class/type of use | | Not applicable | Existing tradable floor area (square metres) *(e)* | Tradable floor area to be lost by change of use or demolition (square metres) *(f)* | Total tradable floor area proposed (including change of use)(square metres) *(g)* | Net additional tradable floor area following development (square metres) *(h = g - e)* |
|---|---|---|---|---|---|---|
| E(a) | Display/Sale of goods other than hot food | ☐ | | | | |
| F2 | Local community uses (essential shops, meeting places, sport, and recreation) | ☐ | | | | |
| OTHER | | ☐ | | | | |
| Please Specify | | ☐ | | | | |
| | Total | | | | | |

Does the proposal include loss or gain of rooms for hotels, residential institutions, or hostels?

☐ Yes ☑ No

If you have answered Yes to the question above please add details in the following table:

| Use class | Type of use | Not applicable | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|---|---|---|---|---|---|
| C1 | Hotels | ☐ | | | |
| C2 | Residential Institutions | ☐ | | | |
| C2A | Secure Residential Institutions | ☐ | | | |
| OTHER | | ☐ | | | |
| Please Specify | | ☐ | | | |

## 19. Employment

Please complete the following information regarding employees:

| | Full-time | Part-time | Total full-time equivalent |
|---|---|---|---|
| Existing employees | UNKNOWN | UNKNOWN | UNKNOWN |
| Proposed employees | 215 | | 215 |

## 20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

| Use | Monday to Friday | Saturday | Sunday and Bank Holidays | Not known |
|---|---|---|---|---|
| | | | | ✓ |
| | | | | |
| | | | | |

## 21. Site Area

Please state the site area in hectares (ha) 6122 m²

## 22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

CONVERSION OF PART OF BUILDING TO LABORATORIES. NEW PLANT FOR AIR HANDLING UNITS, LEV EXTRACT FANS, HUMIDIFIERS, CHILLERS & WATER PLANT, COMPRESSED AIR GENERATION PLANT, & UPGRADED GAS BOILERS.

Is the proposal a waste management development? ☐ Yes ☑ No

If the answer is Yes, please complete the following table:

| | Not applicable | The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
|---|---|---|---|
| Inert landfill | ☐ | | |
| Non-hazardous landfill | ☐ | | |
| Hazardous landfill | ☐ | | |
| Energy from waste incineration | ☐ | | |
| Other incineration | ☐ | | |
| Landfill gas generation plant | ☐ | | |
| Pyrolysis/gasification | ☐ | | |
| Metal recycling site | ☐ | | |
| Transfer stations | ☐ | | |
| Material recovery/recycling facilities (MRFs) | ☐ | | |
| Household civic amenity sites | ☐ | | |
| Open windrow composting | ☐ | | |
| In-vessel composting | ☐ | | |
| Anaerobic digestion | ☐ | | |
| Any combined mechanical, biological and/or thermal treatment (MBT) | ☐ | | |
| Sewage treatment works | ☐ | | |
| Other treatment | ☐ | | |
| Recycling facilities construction, demolition and excavation waste | ☐ | | |
| Storage of waste | ☐ | | |
| Other waste management | ☐ | | |
| Other developments | ☐ | | |

Please provide the maximum annual operational throughput of the following waste streams:

| | |
|---|---|
| Municipal | |
| Construction, demolition and excavation | |
| Commercial and industrial | |
| Hazardous | |

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☑ No ☐ Not applicable

If Yes, please provide the amount of each substance that is involved:

| | | | | | |
|---|---|---|---|---|---|
| Acrylonitrile (tonnes) | | Ethylene oxide (tonnes) | | Phosgene (tonnes) | |
| Ammonia (tonnes) | | Hydrogen cyanide (tonnes) | | Sulphur dioxide (tonnes) | |
| Bromine (tonnes) | | Liquid oxygen (tonnes) | | Flour (tonnes) | |
| Chlorine (tonnes) | | Liquid petroleum gas (tonnes) | | Refined white sugar (tonnes) | |

Other: Other:

Amount (tonnes): Amount (tonnes):

## 24. Biodiversity Net Gain

Do you believe that, if the development is granted planning permission, the Biodiversity Gain Condition (as set out in Paragraph 13 of Schedule 7A of the Town and Country Planning Act 1990) would apply?

☐ Yes ☑ No

If No, please provide reasons, with reference to which exemptions or transitional arrangements you believe apply:

DEVELOPMENT IS SUBJECT TO THE DE MINIMIS EXEMPTION (BELOW THRESHOLD).

If Yes, please provide the information requested in all the questions below:

Please provide the date the pre-development biodiversity value of onsite habitat(s) have been calculated: (this should be one of the following dates: the date of this application; or an earlier proposed date)

Date (DD/MM/YYYY):

Please provide the pre-development biodiversity value of onsite habitats on this date:

If a date earlier than the date of the submission of the planning application has been specified above, please provide reasons why this date has been used:

Please state the publication date of the biodiversity metric tool(s) used to calculate the onsite biodiversity value(s) provided above.

Date (DD/MM/YYYY):

## 24. Biodiversity Net Gain (continued)

Has there been any loss (or degradation) of any onsite habitat(s), resulting from activities carried out before the date the pre-development biodiversity value of onsite habitat(s) was calculated and either:

- on or after 30 January 2020 which were not in accordance with a planning permission; or
- on or after 25 August 2023 which were in accordance with a planning permission?

☐ Yes ☑ No

If yes, please provide details including: the date immediately before this activity was carried out; the onsite biodiversity value on this date; and any supporting evidence (or reference to relevant document containing these details).

If yes, please state the publication date of the biodiversity metric tool(s) used to calculate any onsite biodiversity value(s) provided above.

Date (DD/MM/YYYY):

Does the application site have irreplaceable habitat(s) (corresponding to the descriptions in The Biodiversity Gain Requirements (Irreplaceable Habitat) Regulations 2024) which exist on land to which this application relates on the date the pre-development biodiversity value of onsite habitat(s) was calculated?

☐ Yes ☑ No

If yes, please provide a description of these and any further details (for example reference to relevant document):

☐ I/We confirm this application is accompanied by the following:
i. The completed biodiversity metric tool(s) showing the calculation of the pre-development biodiversity values, and on the dates, detailed above including, if applicable, those related to any loss (or degradation) of any onsite habitat(s)
ii. Plan(s), showing onsite habitat(s) existing on the date the pre-development biodiversity value of onsite habitat(s) was calculated; and
iii. If applicable, plan(s) showing onsite irreplaceable habitat(s) existing on the date the pre-development biodiversity value of onsite habitat(s) was calculated.

Please provide details (for example reference to relevant document):

**Note:** Plans must be drawn to an identified scale, and show the direction of North.

## 25. Ownership Certificates and Agricultural Land Declaration

**One Certificate A, B, C, or D, must be completed with this application form**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**

**NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.**

** "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.*
*** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.*

| Signed - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY): |
|---|---|---|
| | | 16/10/2026 |

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which this application relates.

** "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.*
*** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990*

| Name of Owner / Agricultural Tenant | Address | Date Notice Served |
|---|---|---|
| 3M | 3M CENTRE, CAIN ROAD, BRACKNELL, RG12 8HT | 30/07/2026 |
| FRASER PROPERTY | 1000, ESKDALE ROAD, WINNERSH TRIANGLE RG41 5TS | 30/07/2026 |
| | | |
| | | |
| | | |

| Signed - Applicant: | [redacted] | Date (DD/MM/YYYY): |
|---|---|---|
| | | 16/10/2026 |

## 26. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.

- The original and 3 copies* of a completed and dated application form: ☐
- The original and 3 copies* of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: ☐
- The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application: ☐
- The correct fee: ☐
- The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details): ☐
- The original and 3 copies* of a fire statement, if required (see help text and guidance notes for details): ☐
- The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings): ☐

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

Plans can be bought from one of the Planning Portal's accredited suppliers: https://www.planningportal.co.uk/buyaplanningmap

## 27. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant: | Or signed - Agent: [redacted] | Date (DD/MM/YYYY): 16/10/2026 (date cannot be pre-application)

## 28. Applicant Contact Details

Telephone numbers

| Country code: | National number: | Extension number: |
|---|---|---|
| | | |

| Country code: | Mobile number (optional): |
|---|---|
| | |

| Country code: | Fax number (optional): |
|---|---|
| | |

Email address (optional):

## 29. Agent Contact Details

Telephone numbers

| Country code: | National number: | Extension number: |
|---|---|---|
| [redacted] | | |

| Country code: | Mobile number (optional): |
|---|---|
| | |

| Country code: | Fax number (optional): |
|---|---|
| | |

Email address (optional): [redacted]

## 30. Site Visit

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? *(Please select only one)* ☑ Agent ☐ Applicant ☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: | Telephone number:

Email address: