

Pre-Application Form

Ref no. (Office use only)	
Name	
Address	
Email Address	
Contact telephone no.	
Business Name	
Business Address	

Natu	ire of enquiry							
Cour	e you had contact with the ncil previously in relation to enquiry?	YES		No				
If ye	s, please provide details							
Pref	erred method of payment	Card		Bank Transfer				
Decla	aration							
Ву сс	ompleting this form, I accept that:							
1)	The final decision is made by Council Members or under delegated authority after the application has been submitted and been subject to a consultation period. You should therefore be aware that the council's officers are unable to give any guarantees about the decision that will be made in relation to applications.							
2)	This service only applies to pre-application assistance therefore ceases to apply once the application is submitted.							
3)	The council will not deal with your request for assistance until we receive payment.							
4)	A new case officer (i.e. different from the officer providing pre-application advice) will be assigned							
	once you have submitted your lic							
5)	The confidentiality of information provided to the council cannot be guaranteed because it is subject							
	to the provisions of the Freedom of Information Act and the council may be obligated to disclose in-							
	formation about pre-application a	assistance requests	and the a	dvice that we h	ave provided unless a	a		

Please send completed forms to:-

ehtc@breckland-sholland.gov.uk

or

EHTC Elizabeth House Walpole Loke Dereham Norfolk NR19 1EE

statutory exemption applies.



EHTC
Council Offices
Priory Road
Spalding
Lincolnshire PE11 2XE