

SELBY DISTRICT COUNCIL
PLANNING COMPLAINT FORM

YOUR NAME AND ADDRESS (We undertake to keep this information confidential)

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TELEPHONE NO

LOCATION OF ALLEGED BREACH.

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NAME AND ADDRESS (IF KNOWN) OR PERSON(S) INVOLVED IN THE BREACH.

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BRIEF DESCRIPTION OF ALLEGED BREACH.

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WHEN DID YOU BECOME AWARE OF THE BREACH?

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WHERE DO YOU LIVE IN RELATION TO THE WORKS? (eg next door, opposite)

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DESCRIBE HOW THE ALLEGED BREACH AFFECTS YOUR PROPERTY.

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WHAT MAKES YOU BELIEVE THE WORKS ARE UNAUTHORISED?

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DO YOU HAVE ANY OTHER INFORMATION WHICH YOU BELIEVE WILL ASSIST THE COUNCIL TO INVESTIGATE YOUR COMPLAINT? (IF IT WOULD HELP, PLEASE USE THE BACK OF THIS FORM TO SKETCH OUT A DRAWING TO ILLUSTRATE THE COMPLAINT).

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SIGNATURE DATE

When complete please return to:

Selby District Council
Planning Department
The Civic Centre
Portholme Road
SELBY
YO8 4SB