

ALCONBURY & ELLINGTON INTERNAL DRAINAGE BOARD

APPLICATION FOR CONSENT FOR WORKS AFFECTING WATERCOURSES

LAND DRAINAGE ACT 1991 SECTION 23 AND DRAINAGE BOARD BYELAWS

DETAILS OF APPLICANT

NAME:

CONTACT PERSON:

POSTAL ADDRESS:

POST CODE:

TEL NO (OFFICE HOURS):

TEL NO (OUT OF HOURS):

EMAIL ADDRESS:

FAX NO:

DETAILS OF AGENT

NAME:

CONTACT PERSON:

POSTAL ADDRESS:

POST CODE:

TEL NO (OFFICE HOURS):

TEL NO (OUT OF HOURS):

EMAIL ADDRESS:

FAX NO:

ALCONBURY & ELLINGTON INTERNAL DRAINAGE BOARD**APPLICANT'S INTEREST IN
LAND:**

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LAND REGISTRY TITLE NO.

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LOCATION

OS GRID REFERENCE:

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LOCATION OF PROPOSED
WORKS:

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STATUTORY PROTECTED
SITE:

SSSI <input type="checkbox"/>	SAC <input type="checkbox"/>	SPA <input type="checkbox"/>
OTHER:		

NAME OF WATERCOURSE:

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**DESCRIPTION AND
PURPOSE OF PROPOSED
WORKS:**

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NO. OF STRUCTURES:

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CONSTRUCTION DETAILS

(Note: Separate consents are prepared for the temporary works)

START DATE:

/ /

COMPLETION DATE:

/ /

DURATION OF WORKS:

WEEKS

ALCONBURY & ELLINGTON INTERNAL DRAINAGE BOARD

BRIEF DETAILS OF ENVIRONMENTAL IMPACT OF WORKS TOGETHER WITH ANY PROPOSALS FOR AMELIORATION AND/OR COMPENSATORY ENHANCEMENT:

DESCRIPTION AND REFERENCE NUMBERS OF ALL PLANS, SECTIONS AND REPORTS SUBMITTED

LOCATION PLAN:

DETAIL PLANS:

SECTIONS:

REPORT TITLE:

ALCONBURY & ELLINGTON INTERNAL DRAINAGE BOARD

METHOD STATEMENT & RISK ASSESSMENT:

(Please reference any supporting documentation.)

ALCONBURY & ELLINGTON INTERNAL DRAINAGE BOARD

DECLARATION

APPLICANT

NAME OF APPLICANT:

POSTAL ADDRESS:

POST CODE:

I/WE

1. Apply for consent under the provisions of the Alconbury & Ellington Internal Drainage Board's Byelaws and/or Section 23 of the Land Drainage Act 1991 to carry out works detailed in this Application and on the attached plan(s).
2. Enclose a cheque for £50 (this is a Statutory Consent fee for which invoices are not issued), plus a General Development Contribution fee if applicable, made payable to **Alconbury & Ellington IDB**. Please note the Statutory Consent fee of £50 applies to each, separate structure. For electronic payments the details are as follows: Sort Code: 60 11 30, Account No: 89483588. Please add, as the reference, the Name of the Applicant or Agent and Site Location. Please indicate payment method: Cheque Electronic (BACS/CHAPS/on-line)
3. Enclose one copy of the plans (as detailed in section 5 of the accompanying Guidance Notes) and all relevant calculations.
4. Confirm that I/we have the right to carry out the works and have obtained all permissions from affected property owners and consent or approval as necessary from all other relevant authorities.
5. Do not know of any other facts or conditions imposed by others nor have other information that may prejudice the granting of this application.
6. Confirm that I/we will notify the board of any future changes in the information given in this application which might be materials to the continuation of any consent granted.
7. Confirm that all information given in the application and any questions which the Board may have is/will be true to the best of my/our knowledge.
8. Undertake to submit a full and accurate application and understand that the period of **two months** specified in Section 23 of the Land Drainage Act 1991 for determining the consent will not commence until the Board is satisfied it has all the necessary information.

Please return this form, together with the relevant fee (where applicable – see note 2 above) to the Director of Operations, Alconbury & Ellington IDB, Vale House, Broadmead Road, Stewartby, Beds, MK43 9ND

SIGNED:
ON BEHALF OF:
DATED:

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Updated 080818