



Planning Application Fee Exemption Form

To be completed by the applicant

Please answer the following questions:

Are the proposed works intended solely to provide access for a disabled person? Yes/No

Are the proposed works intended solely to provide for or improve the safety, health or comfort of a disabled person? Yes/No

Will the disabled person(s) be living or intending to live in the dwelling? Yes/No

Please provide **one** from the following list:

- Disability Registration Number
- Letter from GP (confirming disability)
- Occupational Therapist Recommendation
- Proof of Disability allowance

Signed

Dated

Name

Address