

For office use only				
Reference Number				
Date				

Planning Enforcement

Reporting a suspected breach

You should complete this form if you suspect that an unauthorised activity or operation is taking or has taken place which is in breach of the planning, listed building permission.

ersonal details entered or	nto this form will be	treated as confidential an	d will not be published	d. (Fields Marked * are ma	ndatory)
Yo	our details				
Name *					
Address *					
	Postcode				
Telephone number	Mob	oile number	Email		
Details of where suspe	ected breach is ta	king or has taken place			
Site location or address *					
Occupier's or Owners name and contact details if known					
Are they: (please check the relevant box)	□ Owner	☐ Tenant/Occupi	ier 🗆 Coi	ntractor/Work Person	
Description of the sus	<u>-</u>				
 Please provide if possib Date/Time of breach Vehicle registration Activities being undertaken 	1				
Other documents/photos	s attached				

Please return this form to: Planning Enforcement, Suffolk County Council, 5th Floor Endeavour House, 8 Russell Road, Ipswich. IP1 2BX Or email as an attachment to: planning.enforcement@suffolk.gov.uk