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| Dorset Biodiversity Appraisal Protocol  Householder, LBC, standalone barn conversion Biodiversity Plan   * This Biodiversity Plan is only valid with the associated Natural Environment Team (NET) signed Certificate of Approval. * This Biodiversity Plan is solely for use for householder planning applications, Listed Building Consent or standalone barn conversions (where there is no other development) falling under the Dorset Biodiversity Appraisal Protocol (DBAP). * Please read the published guidance on completing this Biodiversity Plan, available on our webpages [The Dorset Biodiversity Appraisal Protocol - Dorset Council](https://www.dorsetcouncil.gov.uk/countryside-coast-parks/countryside-management/biodiversity/the-dorset-biodiversity-appraisal-protocol). * Please complete all sections within this form relevant to the application. Please do not delete or alter sections of this form. Use a continuation sheet if necessary. Any forms submitted with incomplete information will be returned. |

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| **SECTION A: Planning Application Details** | | | | | | | | | | | | | | | Ref number:  (NET use only) | | | | | | | | | | | | | | | |
| **Application ref.** (if known) | | | | | | | | | | | | | | | **Planning Officer** (if known) | | | | | | | | | | | | | | | |
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| **Proposed development** (provide a brief description of the proposed development) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Address** | |  | | | | | | | | | | | | | | | | | **Post code** | | |  | | | | | | | | |
| **Ecologist** | |  | | | | | | | | | **Ecological consultancy** | | | | | | | |  | | | | | | | | | | | |
| **SECTION B: Details of Existing Bat Roost** | | | | | | | | | | | | | | | **Tick if no evidence of bats found** | | | | | | | | | | | | | | | |
| **Roosting species** | | | | | **Roosting/habitat feature** (e.g roof void, tree roost) | | | | | | | | | | **Type of roost** (e.g., maternity, summer, hibernation, historic) | | | | | | | | **Population estimate** | | | | | | | |
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| **Void Roost dimensions (m)** | | | **Width** | | | | | |  | | | | **Length** | | | |  | | | **Height (At apex)** | | | | |  | | | | | |
| **Roof aspect** | | | **N / S** | | |  | | | | **NE / SW** | | |  | | | | | | **E / W** |  | | | | **SE / NW** | | |  | | | |
| **Summary of bat survey findings and roost description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION C: Mitigation Measures (provide net gain measures in Section E)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of mitigation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Permanent replacement** |  | | **Modified roost** | | | | |  | | | | | **Temporary replacement roost** | | | | | | |  | | **Bat boxes / bricks** | | | | | | | |  |
| **Timing of works to roost** (please specify when works will take place by calendar month, **do not list a specific year** as this may cause issues with complying with your condition if the timeline of works slips significantly) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **When works to existing roost will take place** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Completion of temporary roost provision (if applicable)** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Completion of permanent roost**  **(If applicable)** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **EPS Licence required** | | | | | | | | **Yes** | | | | **No** | | | | **Bat Low Impact Licence** | | | | | | | | **Yes** | | | | **No** | | |
| **Description of alternative temporary replacement roost if applicable** (include positione.g., existing building, new structure, tree) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temporary roost type e.g., bat box** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temporary roost void dimensions(m)** | | **Void width** | | | | | | | | **Void length** | | | | | | | | | | **Void height (at apex)** | | | | | | | | | | |
| **Roof aspect** | | **N / S** | | |  | | | | | **NE / SW** | | | | |  | | | | **E / W** |  | | | | | | **SE / NW** | | | |  |
| **Make of bat box** | | | | | | | | | | **How many** | | | | | **Position** | | | | | | | | | | | | | | | |
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| **Details of permanent roost** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Replacement roost type e.g., roof void, bat box** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Replacement roost void dimensions(m)** | | **width** | | | | | | | | **length** | | | | | | | | | | **height (at apex)** | | | | | | | | | | |
| **Roof aspect** | | **N / S** | | |  | | | | | **NE / SW** | | | | |  | | | | **E / W** |  | | | | | | **SE / NW** | | | |  |
| **Make of bat box / brick to be installed** | | | | | | | | | | **Number** | | | | | **Make of bat box / brick to be installed** | | | | | | | | | | | **Number** | | | | |
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| **Plan showing location of permanent dedicated roost** (indicate locations of access point(s), bat bricks/boxes, internal roosting features). **Note: *Ensure measurable net gain is placed in Section E.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Other Mitigation Measures include ecological supervision, method statement, additional checks, lighting mitigation, monitoring and compliance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION D: All other protected species and habitats (if applicable) (provide net gain measures in Section E)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ecological feature** (e.g. habitat, species, species groups) | | | | | | | | | | | | | | | **Use of the site** (e.g. nesting under eaves) | | | | | | | | | | | | | | | |
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| **Type of mitigation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Avoidance of harm through best practice** | | | |  | | | **Measures to deter individuals from location** | | | | | | | | | | | | |  | **Capture and translocation of individuals** | | | | | | | |  | |
| **Controlled destruction of place of shelter / breeding site** | | | |  | | | **Replacement of place of shelter / breeding site** | | | | | | | | | | | | |  | **Habitat enhancement measures** | | | | | | | |  | |
| **EPS/NE Licence required** | | | | **Yes** | | | | | | **No** | | | | **Low impact class licence** | | | | **Yes** | | **No** | | | **GCN DLL** | **Yes** | | | No | | | |
| List and quantify all mitigation features that must be applied to mitigate impacts to protected species and habitats (e.g., number of bird boxes, length of native hedge planting, number or area of ponds). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION E: Details of all Net Gain Measures (for all species)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summarise all the net gain measures that will be put in place to ensure compliance with National Planning Policy Framework and Section 40 of the Natural Environment & Rural Communities Act 2006. **Note: *Please do not include any mitigation in this section.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION F: Compliance Measure (Tick the relevant box. In each case, compliance must be supplied to NET. This is for NET information only and must not be relied upon for the discharge of planning conditions).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tick here for cases requiring an EPS / BLIL licence for a post construction compliance visit and report to be sent to the NET.** | | | | | | | | | | | | | |  | **Tick here for simple cases where photographic evidence of the completed mitigation / enhancement measures is appropriate.** | | | | | | | | | | | | | | |  |
| **SECTION G: Declaration (To be completed by applicant/agent or ecological consultant prior to submission). Note: This form is not valid unless signed by all parties as set out below:**  I hereby confirm that the measures set out in this BP will be completed in full including where stated above an application for an EPS/NE/Low Impact Licence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant/agent: name:** | | | | | | | | | | | | | | **Signature**: | | | | | | | | | | **Date:** | | | | | | |
| Or if signed by the ecological consultant: The applicant will comply with the measures set out in this BP and complete them in full. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ecological consultant name:** | | | | | | | | | | | | | | **Signature:** | | | | | | | | | | **Date:** | | | | | | |
| **NET** | | | | | | | | | | | | | | **Signature:** | | | | | | | | | | **Date:** | | | | | | |
| **Checklist**   * Ensure your Biodiversity Plan is complete * All relevant reports are submitted (unless agreed otherwise with the Natural Environment Team prior to submission) * Submit all necessary documentation to [biodiversityprotocol@dorsetcouncil.gov.uk](mailto:biodiversityprotocol@dorsetcouncil.gov.uk) * Make the payment when submitting your Biodiversity Plan. For charges & payment methods visit [Dorset Biodiversity Appraisal Protocol fee structure - Dorset Council](https://www.dorsetcouncil.gov.uk/dorset-biodiversity-appraisal-protocol-fee-structure) * Where ecological consultants sign this form on behalf of the applicant, the applicant is not obliged to engage that consultant for further work. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |