MANCHESTER CITY COUNCIL
Planning
Telephone: +44 (0)161 234 4516
planning@manchester.gov.uk
PO Box 532 Town Hall
Manchester M60 2LA

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	MR	First name:	MICHAEL		
Last name:	BAGOT				
Company (optional):	ROWLINSON CONSTRUCTION				
Unit:		House number:		House suffix:	
House name:	GARDALE HOUSE				
Address 1:	1186 Gatley ROAD				
Address 2:	GATLEY				
Address 3:					
Town:	CHEADLE				
County:					
Country:	UK				
Postcode:	SK8 4AH				

2. Agent Name and Address

Title:		First name:			
Last name:					
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Site Address Details

Please provide the full postal address of the application site.

Unit:	
House number:	
House suffix:	
House name:	FORMER STAGECOACH SITE
Address 1:	PRINCESS ROAD
Address 2:	
Address 3:	
Town:	MANCHESTER
County:	
Postcode (optional):	M14 7LS

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☑ Yes ☐ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name: JENNIFER CONNOR

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

CORRESPONDENCE VIA EMAIL

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

ERECTION OF 1N° PART 5/6 STOREY APARTMENT BUILDING, 1 N° PART 2/3 AND 4 STOREY EXTRA CARE, 4 N° 4 STOREY APARTMENT BUILDINGS AND 54 N° 2 AND 3 STOREY HOUSES WITH ASSOCIATED HARD AND SOFT LANDSCAPING, AMENITY + CAR PARKING

Reference number: 113982/FO/2016 Date of decision: 16/12/16. (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.		6.	
2.		7.	GROUND CONTAMINATION FOR 30 SHARED HOUSES.
3.		8.	
4.	IMPLEMENTATION/MAINTENANCE OF DRAINAGE FOR 30 SHARED HOUSES AND EXTRA CARE.	9.	
5.		10.	CRIME IMPACT STATEMENT FOR PHASES B (30 SHARED HOUSES) AND PHASE D (EXTRA CARE).

Has the development already started? ☑ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY): 23/12/18 (date must be pre-application submission)

Has the development been completed? ☐ Yes ☑ No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

GARDEN VALIDATION CERTIFICATES FOR CLEAN SOIL COVER (30 SHARED HOUSES) SECURED BY DESIGN GOLD AWARD FOR THE EXTRA CARE + 30 SHARED HOUSES. V2 UPDATE TO SGi DRAINAGE REPORT TO INCLUDE THE EXTRA CARE AND 30 SHARED HOUSES.

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☑ Yes ☐ No

If Yes, please indicate which part of the condition your application relates to:

~~PHASES~~ PHASE D (EXTRA CARE)
PHASE B (30 SHARED HOUSES).

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form: ☐

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☐

The correct fee: ☐

9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant: [redacted]

Or signed - Agent:

Date (DD/MM/YYYY): 23/09/20 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: [redacted] National number: [redacted] Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional): [redacted]

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☐ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? *(Please select only one)* ☐ Agent ☑ Applicant ☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: Telephone number:

Email address: