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

Application for a non-material amendment following a grant of planning permission.

Town and Country Planning Act 1990

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.

1. Site Address

Number	
Suffix	
Property name	Blood Transfusion Centre
Address line 1	Plymouth Grove
Address line 2	
Address line 3	
Town/city	Manchester
Postcode	M13 9LL

Description of site location must be completed if postcode is not known:

Easting (x)	385162
Northing (y)	396369

Description

2. Applicant Details

Title	Mr
First name	John
Surname	Hutchinson
Company name	NHS Blood & Transplant
Address line 1	Blood Transfusion Centre,
Address line 2	Plymouth Grove
Address line 3	
Town/city	Manchester

2. Applicant Details

Country	
Postcode	M13 9LL
Primary number	
Secondary number	
Fax number	
Email address	

Are you an agent acting on behalf of the applicant? (•) Yes ( ) No

3. Agent Details

Title	Mr
First name	Alex
Surname	Smith
Company name	Atkins Ltd.
Address line 1	3100 Century Way
Address line 2	Thorpe Park
Address line 3	
Town/city	Leeds
Country	United Kingdom
Postcode	LS15 8ZB
Primary number	01133066085
Secondary number	
Fax number	
Email	alex.smith@atkinsglobal.com

4. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates? (•) Yes ( ) No

If you are not the sole owner, has notification under article 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 been given? (•) Yes ( ) No ( ) Not Applicable

If you have answered Yes to this question, please give details of persons notified

4. Eligibility

Person Notified	John Hutchinson
Number	
Suffix	
Property name	Manchester Blood Donor Centre
Address line 1	Plymouth GRove
Address line 2	
Address line 3	
Town/city	Manchester
Postcode	M13 9LL
Date Notified	03/09/2018 00:00:00

5. Description of Your Proposal

Please provide the description of the approved development as shown on the decision letter

Erection of a 2 storey extension to form a 9 person passenger lift adjacent the existing main building entrance.

Reference number: 116674/FO/2017

Date of decision 27/10/2017

What was the original application type? FullPlanningPermission

For the purpose of calculating fees, which of the following best describes the original application type?

- ○ Householder development: Development to an existing dwelling-house or development within its curtilage
- ◉ Other: anything not covered by the above category

6. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make

New cladding panel arrangement retains all previously approved cladding colours and cladding finishes but arrangement of cladding colours changed and cranked corner cladding pieces now incorporated into cladding design.

Are you intending to substitute amended plans or drawings? ◉ Yes ○ No

If yes please complete the following

Old plan/drawing numbers

5151842-ATK-NHS-XX-DR-A-00-004, Revision T02, stamped as received 17 October 2017.

New plan/drawing numbers

New revised drawing 5151842-ATK-NHS-XX-DR-A-00-004, Revision C02 now latest drawing requiring approval.

Please state why you wish to make this amendment

To submit a revised cladding elevation drawing to supersede original granted/approved drawing 5151842-ATK-NHS-XX-DR-A-00-004, Revision T02, stamped as received 17 October 2017. New planning drawing retains all previously approved cladding colours and cladding finishes but arrangement of cladding colours changed and cranked corner cladding pieces now incorporated into cladding design. New revised drawing 5151842-ATK-NHS-XX-DR-A-00-004, Revision C02 now latest drawing requiring approval.

7. Site Visit

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

7. Site Visit

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

- (•) The agent
- ( ) The applicant
- ( ) Other person

8. 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):

Officer name:

Title	Mrs
First name	Harriet
Surname	Aidoo
Reference	NHSBT Manchester lift CDN/18/0214 cladding mods

Date (Must be pre-application submission)

17/09/2018

Details of the pre-application advice received

Requested confirmation if the changes proposed to the cladding were minor enough or not to warrant a non-material application or not.

9. Authority Employee/Member

With respect to the Authority, is the applicant and/or agent one of the following:
(a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

It is an important principle of decision-making that the process is open and transparent. ( ) Yes (•) No

For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the Local Planning Authority.

Do any of the above statements apply?

10. 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. ☑

Date (cannot be pre-application)	18/09/2018