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

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. Applicant Name, Address and Contact Details

Title:	Mr	First Name:	Phil	Surname:	Lilley
Company name:	LSP Developments ltd				
Street address:	13 Kilwardby Street				
			Telephone number:		
			Mobile number:		
Town/City:	Ashby-de-la Zouch		Fax number:		
Country:			Email address:		
Postcode:	LE65 2FR				

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

2. Agent Name, Address and Contact Details

Title:		First Name:	West	Surname:	Hart
Company name:	West Hart Partnership				
Street address:	5				
	Aldergate		Telephone number:		0182767123
			Mobile number:		
Town/City:	Tamworth		Fax number:		
Country:	UK		Email address:		
Postcode:	B79 7DJ		post@westhart.com		

3. Site Address Details

Full postal address of the site (including full postcode where available)

House: | Suffix:

House name:

Street address: Clowes Street

Town/City: Manchester

Postcode: M12 5FJ

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

Easting: 386973

Northing: 396761

Description:

Vacant land at junction of Clowes Street& Hyde Road

4. Pre-application Advice

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

5. Description of the Proposal

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

Reserved matters application relating details of access appearance, landscaping, layout and scale for the erection of part single, part 2 storey medical centre, pharmacy & retail unit, car parking with vehicular access point from Clowes Street

Application reference number: 108869/MO/2015/N2 Date of decision: 04/08/2015

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

Condition 17

Has the development already started? ◉ Yes ○ No If Yes, please state when the development was started: 11/04/2016

Has the development been completed? ○ Yes ◉ No

6. Discharge of Condition(s)

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

e–geo Solutions Ltd - PHASE 4 – SITE REMEDIATION VERIFICATION REPORT

7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition? ○ Yes ◉ No

8. 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)

8. Site Visit

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

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.

☑ Date 24/03/2017