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MANCHESTER
CITY COUNCIL

PART 1 Of The Planning Register

**Planning**
PO Box 463, Town Hall Extension
Manchester M60 3NY
Tel: 0161 234 4516 Fax: 0161 234 4508
Email: planning@manchester.gov.uk

# Application for Planning Permission.
# Town and Country Planning Act 1990

**Publication of planning applications on council websites**

**Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.**

**If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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: | |
| First name: | |
| Last name: | |
| Company (optional): | EQUILIBRIUM HEALTHCARE |
| Unit: | |
| House number: | |
| House suffix: | |
| House name: | BOLLIN HOUSE |
| Address 1: | RIVERSIDE PARK |
| Address 2: | BOLLIN LINK ROAD |
| Address 3: | |
| Town: | WILMSLOW |
| County: | CHESHIRE |
| Country: | |
| Postcode: | SK9 1DP |

## 2. Agent Name and Address

| | |
|---|---|
| Title: | |
| First name: | |
| Last name: | |
| Company (optional): | AJ COCKER ASSOCIATES |
| Unit: | |
| House number: | |
| House suffix: | |
| House name: | NEW CENTURY HOUSE |
| Address 1: | 176 DRAKE STREET |
| Address 2: | |
| Address 3: | |
| Town: | ROCHDALE |
| County: | LANCS |
| Country: | |
| Postcode: | OL16 1UP |

## 3. Description of the Proposal

Please describe the proposed development, including any change of use:

NEW EXTERNAL PARTIALLY ENCLOSED STAIRCASE FROM FIRST FLOOR TO REAR GARDEN & EMERGENCY EXIT.

Has the building, work or change of use already started? ☐ Yes ☑ No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY): _____ (date must be pre-application submission)

Has the building, work or change of use been completed? ☐ Yes ☐ No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY): _____ (date must be pre-application submission)

## 4. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name: BIGFOOT INDEPENDANT HOSPITAL

Address 1: BIRCHHALL LANE

Address 2:

Address 3:

Town: MANCHESTER

County:

Postcode (optional): M13 0XE

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

Easting: | Northing:

Description:

## 5. 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:

Reference:

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

Details of pre-application advice received?

## 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? ☐ Yes ☑ No

Is a new or altered pedestrian access proposed to or from the public highway? ☐ Yes ☑ No

Are there any new public roads to be provided within the site? ☐ Yes ☑ No

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☑ No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? ☐ Yes ☑ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

## 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☐ Yes ☑ No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste? ☐ Yes ☐ No

If Yes, please provide details:

## 8. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? ☐ Yes ☑ No

If Yes, please provide details:

## 9. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the council? ☐ Yes ☑ No

If Yes, please provide details:

## 10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

| | Existing (where applicable) | Proposed | Not applicable | Don't Know | Drawing references if applicable |
|---|---|---|---|---|---|
| Walls | | TREATED TIMBER BOARDING | ☐ | ☐ | |
| Roof | | TRANSLUCENT GRP CORRUGATED PANELS | ☐ | ☐ | |
| Windows | | N/A | ☐ | ☐ | |
| Doors | | N/A | ☐ | ☐ | |
| Boundary treatments (e.g. fences, walls) | | N/A | ☐ | ☐ | |
| Vehicle access and hard-standing | | N/A | ☐ | ☐ | |
| Lighting | | LOW WATTAGE EMERGENCY LIGHTING ON STAIRCASE | ☐ | ☐ | |
| Others (please specify) | | GALVANISED STEEL STAIRCASE & STRUCTURE. | ☐ | ☐ | |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? ☑ Yes ☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

DRAWING NO E120-002, DESIGN & ACCESS STATEMENT.

## 11. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

| Type of Vehicle | Total Existing | Total proposed (including spaces retained) | Difference in spaces |
|---|---|---|---|
| Cars | | | |
| Light goods vehicles/ public carrier vehicles | N/A | | |
| Motorcycles | | | |
| Disability spaces | | | |
| Cycle spaces | | | |
| Other (e.g. Bus) | | | |
| Other (e.g. Bus) | | | |

## 12. Foul Sewage

Please state how foul sewage is to be disposed of:

- [ ] Mains sewer
- [ ] Cess pit
- [ ] Septic tank
- [ ] Other
- [ ] Package treatment plant N/A.

Are you proposing to connect to the existing drainage system? [ ] Yes [ ] No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

## 13. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

[ ] Yes [x] No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? [ ] Yes [x] No

Will the proposal increase the flood risk elsewhere? [ ] Yes [x] No

How will surface water be disposed of?

- [ ] Sustainable drainage system
- [ ] Existing watercourse
- [ ] Soakaway
- [ ] Pond/lake
- [x] Main sewer VIA EXTG YARD DRAINAGE.

## 14. Biodiversity and Geological Conservation

Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- [ ] Yes, on the development site
- [ ] Yes, on land adjacent to or near the proposed development
- [x] No

b) Designated sites, important habitats or other biodiversity features:

- [ ] Yes, on the development site
- [ ] Yes, on land adjacent to or near the proposed development
- [x] No

c) Features of geological conservation importance:

- [ ] Yes, on the development site
- [ ] Yes, on land adjacent to or near the proposed development
- [x] No

## 15. Existing Use

Please describe the current use of the site:

INDEPENDANT HOSPITAL

Is the site currently vacant? [ ] Yes [x] No

If Yes, please describe the last use of the site:

When did this use end (if known)? DD/MM/YYYY (date where known may be approximate) N/A

Does the proposal involve any of the following:

Land which is known to be contaminated? [ ] Yes [x] No

Land where contamination is suspected for all or part of the site? [ ] Yes [x] No

A proposed use that would be particularly vulnerable to the presence of contamination? [ ] Yes [x] No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

## 16. Trees and Hedges

Are there trees or hedges on the proposed development site? [x] Yes [ ] No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? [ ] Yes [x] No

If Yes to either or both of the above, you will need to provide a full Tree Survey, with accompanying plan before your application can be determined. Your Local Planning Authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to construction - Recommendations'.

## 17. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? [ ] Yes [x] No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

## 18. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? ☐ Yes ☐ No N/A.
If Yes, please complete details of the changes in the tables below:

### Proposed Housing

| Market Housing | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats and maisonettes | ☐ | | | | | | |
| Live-work units | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Unknown type | ☐ | | | | | | |
| **Totals** *(a + b + c + d + e + f + g) =* | | | | | | | |

| Social Rented | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats and maisonettes | ☐ | | | | | | |
| Live-work units | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Unknown type | ☐ | | | | | | |
| **Totals** *(a + b + c + d + e + f + g) =* | | | | | | | |

| Intermediate | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats and maisonettes | ☐ | | | | | | |
| Live-work units | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Unknown type | ☐ | | | | | | |
| **Totals** *(a + b + c + d + e + f + g) =* | | | | | | | |

| Key worker | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats and maisonettes | ☐ | | | | | | |
| Live-work units | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Unknown type | ☐ | | | | | | |
| **Totals** *(a + b + c + d + e + f + g) =* | | | | | | | |

**Total proposed residential units** *(A + B + C + D) =*

### Existing Housing

| Market Housing | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats and maisonettes | ☐ | | | | | | |
| Live-work units | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Unknown type | ☐ | | | | | | |
| **Totals** *(a + b + c + d + e + f + g) =* | | | | | | | |

| Social Rented | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats and maisonettes | ☐ | | | | | | |
| Live-work units | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Unknown type | ☐ | | | | | | |
| **Totals** *(a + b + c + d + e + f + g) =* | | | | | | | |

| Intermediate | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats and maisonettes | ☐ | | | | | | |
| Live-work units | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Unknown type | ☐ | | | | | | |
| **Totals** *(a + b + c + d + e + f + g) =* | | | | | | | |

| Key worker | Not known | Number of Bedrooms 1 | 2 | 3 | 4+ | Unknown | Total |
|---|---|---|---|---|---|---|---|
| Houses | ☐ | | | | | | |
| Flats and maisonettes | ☐ | | | | | | |
| Live work units | ☐ | | | | | | |
| Cluster flats | ☐ | | | | | | |
| Sheltered housing | ☐ | | | | | | |
| Bedsit/studios | ☐ | | | | | | |
| Unknown type | ☐ | | | | | | |
| **Totals** *(a + b + c + d + e + f + g) =* | | | | | | | |

**Total existing residential units** *(E + F + G + H) =*

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

## 19. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☐ Yes ☑ No

If you have answered Yes to the question above please add details in the following table:

| Use class/type of use | | Not applicable | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross internal floorspace proposed (including change of use)(square metres) | Net additional gross internal floorspace following development (square metres) |
|---|---|---|---|---|---|---|
| A1 | Shops | ☐ | | | | |
| | Net tradable area: | ☐ | | | | |
| A2 | Financial and professional services | ☐ | | | | |
| A3 | Restaurants and cafes | ☐ | | | | |
| A4 | Drinking establishments | ☐ | | | | |
| A5 | Hot food takeaways | ☐ | | | | |
| B1 (a) | Office (other than A2) | ☐ | | | | |
| B1 (b) | Research and development | ☐ | | | | |
| B1 (c) | Light industrial | ☐ | | | | |
| B2 | General industrial | ☐ | | | | |
| B8 | Storage or distribution | ☐ | | | | |
| C1 | Hotels and halls of residence | ☐ | | | | |
| C2 | Residential institutions | ☐ | | | | |
| D1 | Non-residential institutions | ☐ | | | | |
| D2 | Assembly and leisure | ☐ | | | | |
| OTHER | Please specify | ☐ | | | | |
| | | ☐ | | | | |
| | Total | | | | | |

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

| Use class | Type of use | Not applicable | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|---|---|---|---|---|---|
| C1 | Hotels | ☐ | | | |
| C2 | Residential Institutions | ☐ | | | |
| Other | Hostels | ☐ | | | |

## 20. Employment

Please complete the following information regarding employees:

| | Full-time | Part-time | Total full-time equivalent | Not known |
|---|---|---|---|---|
| Existing employees | } ALL AS EXISTING | | | |
| Proposed employees | | | | |

## 21. Hours of Opening

Please state the hours of opening for each non-residential use proposed:

| Use | Monday to Friday | Saturday | Sunday and Bank Holidays | Not known |
|---|---|---|---|---|
| | | | | |
| | 24HR 7DAY USE. | | | |
| | | | | |

## 22. Site Area

Please state the site area in hectares (ha) 0.332 HA.

## 23. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site: N/A

Is the proposal a waste management development? ☐ Yes ☑ No

If the answer is Yes, please complete the following table:

| | Not applicable | The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
|---|---|---|---|
| Inert landfill | ☐ | | |
| Non-hazardous landfill | ☐ | | |
| Hazardous landfill | ☐ | | |
| Energy from waste incineration | ☐ | | |
| Other incineration | ☐ | | |
| Landfill gas generation plant | ☐ | | |
| Pyrolysis/gasification | ☐ | | |
| Metal recycling site | ☐ | | |
| Transfer stations | ☐ | | |
| Material recovery/recycling facilities (MRFs) | ☐ | | |
| Household civic amenity sites | ☐ | | |
| Open windrow composting | ☐ | | |
| In vessel composting | ☐ | | |
| Anaerobic digestion | ☐ | | |
| Any combined mechanical, biological and/or thermal treatment (MBT) | ☐ | | |
| Sewage treatment works | ☐ | | |
| Other treatment | ☐ | | |
| Recycling facilities construction, demolition and excavation waste | ☐ | | |
| Storage of waste | ☐ | | |
| Other waste management | ☐ | | |
| Other developments | ☐ | | |

Please provide the maximum annual operational throughput of the following waste streams:

| | |
|---|---|
| Municipal | |
| Construction, demolition and excavation | |
| Commercial and industrial | |
| Hazardous | |

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 24. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☑ No ☐ Not applicable

If Yes, please provide the amount of each substance that is involved:

| | | | | | |
|---|---|---|---|---|---|
| Acrylonitrile (tonnes) | | Ethylene oxide (tonnes) | | Phosgene (tonnes) | |
| Ammonia (tonnes) | | Hydrogen cyanide (tonnes) | | Sulphur dioxide (tonnes) | |
| Bromine (tonnes) | | Liquid oxygen (tonnes) | | Flour (tonnes) | |
| Chlorine (tonnes) | | Liquid petroleum gas (tonnes) | | Refined white sugar (tonnes) | |

Other: Other:

Amount (tonnes): Amount (tonnes):

## 25. Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner (*owner is a person with a freehold interest c* ... of any part of the land or building to which the application relates

Signed - Applicant: | Date (DD/MM/YYYY): 07/09/2009

**CEI**

**Town and Country Planning (G** ... **ertificate under Article 7**

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)* of any part of the land or building to which this application relates.

| Name of Owner | Address | Date Notice Served |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Signed - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY):

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

I certify/ The applicant certifies that:

§ Neither Certificate A or B can be issued for this application

§ All reasonable steps have been taken to find out the names and addresses of the other owners *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run* )of the land or building, or of a part of it , but I have/ the applicant has been unable to do so.

The steps taken were:

| Name of Owner | Address | Date Notice Served |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY):

## 25. Certificates (continued)

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

I certify/ The applicant certifies that:

§ Certificate A cannot be issued for this application

§ All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run )* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed Agent:

Date (DD/MM/YYYY):

**AGRICULTURAL HOLDINGS CERTIFICATE**

**Town and Country Planning (General Development Procedure)Order 1995 Certificate under Article 7**

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the applicatic

Signed - Applicant:

Date (DD/MM/YYYY): 07/09/2009

B) I have/ The applicant has given the requ licant who, on the day21 days before the date of this application, was a tenar which this application relates, as listed ~~below~~:

| Name of Tenant | Address | Date Notice Served |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 26. 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.

3 copies of a completed and dated application form: ☑

3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: ☑

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

The correct fee: ☑

3 copies of a design and access statement: ☑

3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings): ☑

3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable): ☑

## 27. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Date (DD/MM/YYYY): 07/09/2009 (date cannot be pre-application)

## 28. Applicant Contact Details

Telephone numbers

MR NOEL DARDIS

Country code: | National number: | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

## 29. Agent Contact Details

Telephone numbers

MR TONY COCKER.

Country code: | National number: 01706 764880. | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional): Mail@ajcockerassociates.co.uk

## 30. 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:

MR NOEL DARDIS

Email addre

PLANNING
RECD
APPLIED
14 SEP 2009