PART 1 Of The Planning Register

PLANNING
ACK'D
REPLIED
RECD 22 JUL 2010

093542

Planning

MANCHESTER CITY COUNCIL

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

Application for removal or variation of a condition following grant of planning permission.

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) 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):	MAPLES MEDICAL CENTRE
Unit:	
House number:	2
House suffix:	
House name:	
Address 1:	SCOUT DRIVE
Address 2:	NEWALL GREEN
Address 3:	
Town:	MANCHESTER
County:	
Country:	
Postcode:	M23 2SY

2. Agent Name and Address

Title:	MR
First name:	F
Last name:	WILLIAMS
Company (optional):	
Unit:	
House number:	26
House suffix:	
House name:	
Address 1:	NORRIS AVENUE
Address 2:	HEATON NORRIS
Address 3:	
Town:	STOCKPORT
County:	CHESHIRE
Country:	
Postcode:	SK4 2JQ

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: 2 | House suffix:

House name:

Address 1: SCOUT DRIVE

Address 2: NEWALL GREEN

Address 3:

Town: MANCHESTER

County:

Postcode (optional): M23 2SY

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

Easting: | Northing:

Description:

DETATCHED 2 STOREY BUILDG

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:

MR HALL

Reference:

MAPLES MEDICAL CENTRE

Date (DD/MM/YYYY):
(must be pre-application submission) 18/5/2010

Details of pre-application advice received?

REMOVAL OF CONDITION 5

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 SINGLE STOREY REAR EXTENSION, CREATION OF 7 SPACE STAFF CAR PARK, & ERECTION OF 1.8 METRE PALLADIN FENCING & GATE TO REAR CAR PARK & PERIMETER OF SITE

Reference number: 091257/FO/2009/S2 Date of decision (DD/MM/YYYY): 15/10/2009 (date must be pre-application submission)

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

1.	CONDITION 5	6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started? ☑ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY): JAN 2010 (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. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

REMOVAL OF CONDITION 5.

If you wish the existing condition to be changed, please state how you wish the condition to be varied:

N/A.

7. Certificates

One Certificate A, B, C, or D, must be completed 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 or leasehold interest with at least 7 years left to run)* of any part of the land or building to which the application relates.

Signed - Applicant:	Or signed - Agent:	Date DD/MM/YYYY:
		21/7/2010

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (General Development Procedure) Order 1995 Certificate 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:

7. 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 application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY: 21/7/2010

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

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.

3 copies of a completed and dated application form: ☐

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

9. Declaration

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

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY): 21/7/2010 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
0161	958 - 4111	

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional): Frank.Williams@Manchester.nhs.uk

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: F. WILLIAMS

Telephone number: 0797 009 3830/0161-958-4111

Email address: Frank.Williams@Manchester.nhs.uk.