MANCHESTER CITY COUNCIL
Planning
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planning@manchester.gov.uk
PO Box 532 Town Hall
Manchester M60 2LA

Application for 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. Applicant Name, Address and Contact Details

Title:	Dr	First Name:	Kashif	Surname:	Syed
Company name:	Conran Properties Limited				
Street address:	77, Church Lane				
	Lightbowne			Telephone number:	
				Mobile number:	
Town/City:	MANCHESTER			Fax number:	
Country:				Email address:	
Postcode:	M9 5BH				

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

2. Agent Name, Address and Contact Details

Title:	Mr	First Name:	Stephen	Surname:	Charles
Company name:	SCA limited				
Street address:	63 Grange Road				
				Telephone number:	01617620546
				Mobile number:	07591483013
Town/City:	Bury			Fax number:	
Country:	Lancashire			Email address:	
Postcode:	BL8 2PE				stephencharlesarchitect@gmail.com

3. Description of the Proposal

Please describe the proposed development including any change of use:

The existing Medical Centre has an apartment at First Floor Level, the application will include for the change of use from Apartment to Dentist's Surgery and on the Ground Floor there is a single storey extension, which includes additional offices, storage and Pharmacy

Has the building, work or change of use already started? ( ) Yes (•) No

4. Site Address Details

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

House:	77	Suffix:	
House name:			
Street address:	Church Lane		
	Lightbowne		
Town/City:	MANCHESTER		
Postcode:	M9 5BH		

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

Easting:	386127
Northing:	401561

Description:

5. Pre-application Advice

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

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

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:

The Practice has Colour Coded Recyclable Bins to store all the waste which are kept in the all Clinical rooms plus commercial waste bins kept within the curtilage of the site. The Medical Centre has a contract with a waste collection company. They have also been CQC inspected to ensure compliance with all the relevant codes of practice.

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

If Yes, please provide details:

The Practice has Colour Coded Recyclable Bins to store all the waste which are kept in the all Clinical rooms plus commercial waste bins kept within the curtilage of the site. The Medical Centre has a contract with a waste collection company. They have also been CQC inspected to ensure compliance with all the relevant codes of practice.

8. Authority Employee/Member

With respect to the Authority, I am:
(a) a member of staff
(b) an elected member

Do any of these statements apply to you? ○ Yes ◉ No

8. Authority Employee/Member

(c) related to a member of staff
(d) related to an elected member

9. Materials

Please state what materials (including type, colour and name) are to be used externally (if applicable):

Boundary Treatments - description:
Description of *existing* materials and finishes:

Concrete Posts and Wire mesh Fencing

Description of *proposed* materials and finishes:

Concrete Posts and Wire Mesh Fencing

Doors - description:
Description of *existing* materials and finishes:

Stained Softwood Doors

Description of *proposed* materials and finishes:

Velfac Composite Doors

Roof - description:
Description of *existing* materials and finishes:

Concrete Pantiles

Description of *proposed* materials and finishes:

Zinc Roof Cladding

Vehicle Access - description:
Description of *existing* materials and finishes:

Tarmac

Description of *proposed* materials and finishes:

Tarmac

Walls - description:
Description of *existing* materials and finishes:

Brickwork

Description of *proposed* materials and finishes:

Western Red Cedar

Windows - description:
Description of *existing* materials and finishes:

Stained Softwood Double Glazed Windows

Description of *proposed* materials and finishes:

Velfac Aluminium Composite Windows

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:

SC2016-89-A001 Existing Site Plan
SC2016-89-A002 Proposed Site Plan
SC2016-89-A003 Existing Elevations and First Floor Plan
SC2016-89-A004 Proposed Elevations and First Floor Plan
SC2016-89-A005 Proposed Ground First and Roof Plans
Design and Access Statement for Conran Medical Centre

10. Vehicle Parking

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

Type of vehicle	Existing number of spaces	Total proposed (including spaces retained)	Difference in spaces
Cars	24	30	6

11. Foul Sewage

Please state how foul sewage is to be disposed of:

Mains sewer	☑	Package treatment plant	☐	Unknown	☐
Septic tank	☐	Cess pit	☐	Other	☐

Are you proposing to connect to the existing drainage system? ◉ Yes ○ No ○ Unknown

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

SC2016-89-A002 Proposed Site Plan

12. 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 ◉ No

If Yes, you will need to submit an appropriate 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 ◉ No

Will the proposal increase the flood risk elsewhere? ○ Yes ◉ No

How will surface water be disposed of?

☐ Sustainable drainage system	☑ Main sewer	☐ Pond/lake
☐ Soakaway	☐ Existing watercourse	

13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, 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 ◉ 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 ◉ No

c) Features of geological conservation importance

○ Yes, on the development site ○ Yes, on land adjacent to or near the proposed development ◉ No

14. Existing Use

Please describe the current use of the site:

Medical Centre and Apartment

Is the site currently vacant? ○ Yes ◉ No

Does the proposal involve any of the following?
If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ○ Yes ◉ No

Land where contamination is suspected for all or part of the site? ○ Yes ◉ No

14. Existing Use

A proposed use that would be particularly vulnerable to the presence of contamination? ○ Yes ◉ No

15. Trees and Hedges

Are there trees or hedges on the proposed development site? ◉ 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 ◉ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. 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 design, demolition and construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ○ Yes ◉ No

17. Residential Units

Does your proposal include the gain or loss of residential units? ○ Yes ◉ No

Market Housing - Proposed

	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

Proposed Market Housing Total

Market Housing - Existing

	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

Existing Market Housing Total

Social Rented Housing - Proposed

	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

Proposed Social Housing Total

Social Rented Housing - Existing

	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

Existing Social Housing Total

Intermediate Housing - Proposed

	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					

Intermediate Housing - Existing

	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					

17. Residential Units

Intermediate Housing - Proposed					
	Number of bedrooms				
	1	2	3	4+	Unknown
Sheltered Housing					
Unknown					

Proposed Intermediate Housing Total

Intermediate Housing - Existing					
	Number of bedrooms				
	1	2	3	4+	Unknown
Sheltered Housing					
Unknown					

Existing Intermediate Housing Total

Key Worker Housing - Proposed					
	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

Proposed Key Worker Housing Total

Key Worker Housing - Existing					
	Number of bedrooms				
	1	2	3	4+	Unknown
Bedsits/Studios					
Cluster Flats					
Flats/Maisonettes					
Houses					
Live-Work Units					
Sheltered Housing					
Unknown					

Existing Key Worker Housing Total

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? (•) Yes ( ) No

Use Class/type of use	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross new internal floorspace proposed (including changes of use) (square metres)	Net additional gross internal floorspace following development (square metres)
D1 - Non-residential institutions	595	64	159	95
Total	595	64	159	95

For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:

Use Class/types of use	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms

19. Employment

If known, please complete the following information regarding employees:

	Full-time	Part-time	Equivalent number of full-time
Existing employees	16		
Proposed employees	22		

20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday		Saturday		Sunday and Bank Holidays		Not Known
	Start Time	End Time	Start Time	End Time	Start Time	End Time	
D1	08:00:00	18:00:00					☐

21. Site Area

What is the site area? 0.21 hectares

22. 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:

Is the proposal for a waste management development? ○ Yes ◉ No

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.

23. Hazardous Substances

Is any hazardous waste involved in the proposal? ○ Yes ◉ No

A. Toxic substances Amount held on site Tonne(s)

B. Highly reactive/explosive substances Amount held on site Tonne(s)

C. Flammable substances (unless specifically named in parts A and B) Amount held on site Tonne(s)

24. 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)

○ The agent ◉ The applicant ○ Other person

25. Certificates (Certificate A)

Certificate of Ownership - Certificate A
Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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 to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding *("agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act)*.

Title: Doctor First name: Kashif Surname: Syed

Person role: APPLICANT Declaration date: 28/08/2016 ☑ Declaration made

26. 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 28/08/2016