MANCHESTER CITY COUNCIL

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

BUILDING CONTROL
17 DEC 2013
104509

Application for Planning Permission and consent to display advertisement(s).
Town and Country Planning Act 1990
Town and Country Planning (Control of Advertisements) (England) Regulations 2007

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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.

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:	MR
First name:	TIM
Last name:	LOVETT
Company (optional):	I.T. and me Ltd.
Unit:	
House number:	2
House suffix:	
House name:	
Address 1:	SEYMOUR ROAD SOUTH
Address 2:	CLAYTON
Address 3:	
Town:	MANCHESTER
County:	
Country:	
Postcode:	M11 4PB

2. Agent Name and Address

Title:	MR
First name:	GEOFF
Last name:	BROWN MCIAT
Company (optional):	GBS DESIGN SERVICES
Unit:	
House number:	44
House suffix:	
House name:	DEE VIEW
Address 1:	WHITFORD STREET
Address 2:	
Address 3:	
Town:	HOLYWELL
County:	FLINTSHIRE
Country:	
Postcode:	CH8 7NL

3. Description of the Proposal

Please describe the proposal including any change of use:

A CHANGE OF USE FROM A DOCTOR'S SURGERY TO OFFICES ON THE GROUND FLOOR AND BASEMENT LEVELS, WITH THE CREATION OF A SEPARATE FIRST FLOOR FLAT, WITH A SEPARATE ENTRANCE DOOR.
ALSO TO DISPLAY ADVERTISING SIGNS ON THE EXTERIOR.

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) 20/11/13

Has the building, work or change

4. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: 2 | House suffix:

House name:

Address 1: SEYMOUR ROAD SOUTH

Address 2: CLAYTON

Address 3:

Town: MANCHESTER

County:

Postcode (optional): M11 4PB

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)

SEE BLOCK SITE PLAN

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:

BIN STORAGE AREA FOR NEW FLAT TO RHS OF NEW FRONT DOOR

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

If Yes, please provide details:

8. Authority Employee / Member

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

Do any of these statements apply to you? ☐ Yes ☑ No

If Yes, please provide details of the name, relationship and role

9. 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
Walls	RED BRICK	RED BRICK	☐	☐
Roof	GREY TILES	GREY TILES	☐	☐
Windows	WHITE UPVC	WHITE UPVC	☐	☐
Doors	COMPOSITE / UPVC	COMPOSITE / UPVC	☐	☐
Boundary treatments (e.g. fences, walls)	WALLS / RAILING	WALLS / RAILINGS	☐	☐
Vehicle access and hard-standing	ON ROAD PARKING	ON ROAD PARKING	☐	☐
Lighting	ILLUMINATED SIGNS	ILLUMINATED SIGNS	☐	☐
Others (please specify)	N/A	N/A.	☐	☐

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:

SEE ERECTION DRAWINGS

10. Vehicle Parking

N/A.

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			
Motorcycles		NONE.	
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			

11. Foul Sewage

Please state how foul sewage is to be disposed of:

- [x] Mains sewer
- [ ] Cess pit
- [ ] Septic tank
- [ ] Other
- [ ] Package treatment plant

Are you proposing to connect to the existing drainage system? [x] 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):

EXISTING W.C.'S ONLY - CONNECTED TO FOUL SEWER

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 [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

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
- [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~~

14. Existing Use

Please describe the current use of the site:

DOCTOR'S SURGERY

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)

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 [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~~

15. Trees and Hedges

Are there trees or hedges on the proposed development site? [ ] Yes [x] ~~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 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

16. 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

11. Foul Sewage

Please state how foul sewage is to be disposed of:

- [x] Mains sewer
- [ ] Cess pit
- [ ] Septic tank
- [ ] Other
- [ ] Package treatment plant

Are you proposing to connect to the existing drainage system? [x] 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):

EXISTING W.C.S ONLY — CONNECTED TO FOUL SEWER

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 [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

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
- [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

14. Existing Use

Please describe the current use of the site:

DOCTOR'S SURGERY

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)

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 [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

15. Trees and Hedges

Are there trees or hedges on the proposed development site? [ ] Yes [x] 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 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

16. 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

17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? ☑ Yes ☐ No
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	☐						a
Flats and maisonettes	☑ 1		✓				b 1
Live-work units	☐						c
Cluster flats	☐						d
Sheltered housing	☐						e
Bedsit/studios	☐						f
Unknown type	☐						g
Totals $(a+b+c+d+e+f+g)=$							1

Social Rented	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats and maisonettes	☐						b
Live-work units	☐						c
Cluster flats	☐						d
Sheltered housing	☐						e
Bedsit/studios	☐						f
Unknown type	☐						g
Totals $(a+b+c+d+e+f+g)=$							0

Intermediate	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats and maisonettes	☐						b
Live-work units	☐						c
Cluster flats	☐						d
Sheltered housing	☐						e
Bedsit/studios	☐						f
Unknown type	☐						g
Totals $(a+b+c+d+e+f+g)=$							0

Key worker	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats and maisonettes	☐						b
Live-work units	☐						c
Cluster flats	☐						d
Sheltered housing	☐						e
Bedsit/studios	☐						f
Unknown type	☐						g
Totals $(a+b+c+d+e+f+g)=$							0

Total proposed residential units $(A+B+C+D)=$	1

Existing Housing

Market Housing	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats and maisonettes	☐						b
Live-work units	☐						c
Cluster flats	☐						d
Sheltered housing	☐						e
Bedsit/studios	☐						f
Unknown type	☐						g
Totals $(a+b+c+d+e+f+g)=$							0

Social Rented	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats and maisonettes	☐						b
Live-work units	☐						c
Cluster flats	☐						d
Sheltered housing	☐						e
Bedsit/studios	☐						f
Unknown type	☐						g
Totals $(a+b+c+d+e+f+g)=$							0

Intermediate	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats and maisonettes	☐						b
Live-work units	☐						c
Cluster flats	☐						d
Sheltered housing	☐						e
Bedsit/studios	☐						f
Unknown type	☐						g
Totals $(a+b+c+d+e+f+g)=$							0

Key worker	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats and maisonettes	☐						b
Live-work units	☐						c
Cluster flats	☐						d
Sheltered housing	☐						e
Bedsit/studios	☐						f
Unknown type	☐						g
Totals $(a+b+c+d+e+f+g)=$							0

Total existing residential units $(E+F+G+H)=$	0

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

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	DOCTOR'S SURGERY	☐	178 m²	88 m² (FIRST FLOOR)	180 m² (INC. BASEMENT)	2 m²
Please specify		☐				
	Total		178 m²	88 m²	180 m²	2 m²

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	☐		N/A.	
OTHER		☐			
Please specify		☐			

19. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees	8	—	8
Proposed employees	9	—	9

20. 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
OFFICES	8 am – 8 pm (5.30pm FRI)	8.30 am – 5.30 pm	—	—

21. Site Area

4. Type of Proposed Advertisement(s)

Please describe the proposed advertisement(s):

COMPANY NAME PHONE NUMBER SERVICE PROVIDED.

Please indicate the number of the following types of advertisement(s) you are applying for:	Number of advertisement(s)
Application for fascia sign(s)	
Application for a projecting or hanging sign(s)	
Application for a hoarding(s)	
Other	

If you selected Other, please describe:

25. Location of Advertisement(s)

Is the advertisement you are applying for already in place? ☐ Yes ☑ No

If Yes, please provide details of when the use or work started:

Is an existing advertisement(s) to be removed and replaced by the advertisement(s) in this proposal?

☑ Yes ☐ No ☐ Not applicable

If Yes to either or both above, please show the existing sign(s) on an elevation drawing or photograph and state the references for the drawing(s) or photographs.

SEE ELEVATION DRAWINGS.

Will the proposed advertisement(s) project over a footpath or other public highway? ☐ Yes ☑ No

6. Advertisement Period

Please state the period of time for which consent is sought for the advertisement: From PERMANENT. To _____ date (DD/MM/YYYY)

7. Interest in the Land

Does the applicant own the land or buildings where the adverts are to be placed? ☑ Yes ☐ No

If No, has the permission of the owner or any other person entitled to give permission for the display of an advertisement been obtained? ☐ Yes ☐ No

If No, why not?

8. Details of Proposed Advertisement(s)

Please provide a full description of each proposed advertisement (e.g. fascia sign, box sign, projecting sign, hoarding, flag etc)

	Advertisement 1	Advertisement 2	Advertisement 3
Type:	METAL/PLASTIC SIGN	METAL/PLASTIC SIGN	METAL/PLASTIC SIGN
a) The height from the ground to the base of the advertisement (in metres)	3.54m	4.0m	4.0m
b) The dimensions of the proposed advertisement(H x W x D) (in metric)	H: 2.44m W: 3.3m D: 0.05m	H: 1.9m W: 1.2m D: 0.05m	H: 1.9m W: 1.2m D: 0.05m
c) The maximum height of any of the individual letters and symbols (in metric)	0.4m	0.4m	0.4m
d) The colour of the text and background	BLACK TEXT BLUE BACKGROUND.	BLACK TEXT BLUE BACKGROUND	BLACK TEXT BLUE BACKGROUND
e) Materials of the proposed sign(s)	METAL/PLASTIC	METAL/PLASTIC	METAL/PLASTIC
f) The maximum projection of advertisement from the face of the building	0.1m	0.1m	0.1m
Will any of the sign(s) be illuminated	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
If Yes for any of the proposed signs, answer g), h) and i)			
g) Details of method of illumination internally illuminated/externally illuminated)	EXTERNAL ILLUMINATION	EXTERNAL ILLUMINATION	EXTERNAL ILLUMINATION
h) illuminance levels (cd/m²)	TO BE AGREED	TO BE AGREED	TO BE AGREED

12. 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 through put 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.

13. 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:

9. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the wner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or part of, an agricultural holding**

IOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the pplication relates but the land is, or is part of, an agricultural holding.

"owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.
** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.*

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	[redacted]	11/12/13

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 1 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which this pplication relates.

"owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.
** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990*

Name of Owner / Agricultural Tenant	Address	Date Notice Served

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