MANCHESTER CITY COUNCIL
Planning
Telephone: 0161 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 (as amended); Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

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.

Site Location

Disclaimer: We can only make recommendations based on the answers given in the questions.

If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".

Number: 550

Suffix:

Property Name: Christie Hospital Nhs Trust

Address Line 1: Wilmslow Road

Address Line 2:

Address Line 3: Manchester

Town/city: Manchester

Postcode: M20 4BX

Description of site location must be completed if postcode is not known:

Easting (x): 384807

Northing (y): 392578

Description:

Applicant Details

Name/Company

Title

First name

Surname

-

Company Name

c/o Agent

Address

Address line 1

550 Wilmslow Road

Address line 2

Address line 3

Town/City

Manchester

County

Country

Postcode

M20 4BX

Are you an agent acting on behalf of the applicant?

- ☑ Yes
- ○ No

Contact Details

Primary number

***** REDACTED ******

Secondary number

***** REDACTED ******

Fax number

Email address

***** REDACTED ******

Agent Details

Name/Company

Title

Miss

First name

Charlotte

Surname

Maynard

Company Name

Deloitte

Address

Address line 1

100 Embankment

Address line 2

Cathedral Approach

Address line 3

Town/City

Manchester

County

Country

United Kingdom

Postcode

M3 7FB

Contact Details

Primary number

***** REDACTED ******

Secondary number

***** REDACTED ******

Fax number

Email address

***** REDACTED ******

Description of the Proposal

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

Retention of the existing modular building (Derek Crowther Unit) for a period of 3 years and the installation of a cryotherapy tank and vaporizer

Reference number

123630/FO/2019

Date of decision (date must be pre-application submission)

11/07/2019

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

Condition number(s)

1

Has the development already started?

- [x] Yes
- [ ] No

If Yes, please state when the development was started (date must be pre-application submission)

01/01/2008

Has the development been completed?

- [x] Yes
- [ ] No

If Yes, please state when the development was completed (date must be pre-application submission)

01/01/2012

Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

◯ Yes
⊘ No

Discharge of Conditions

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

Demolition Statement prepared by Renaker

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?

⊘ The agent
◯ The applicant
◯ Other person

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):

Officer name:

Title

***** REDACTED ******

First Name

***** REDACTED ******

Surname

***** REDACTED ******

Reference

Date (must be pre-application submission)

20/06/2025

Details of the pre-application advice received

Email advice in relation to the approach to discharging Condition 1 as noted within the associated Covering Letter.

Declaration

I/We hereby apply for Approval of details reserved by a condition (discharge) as described in the questions answered, details provided, 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.
I/We also accept that, in accordance with the Planning Portal's terms and conditions:
- Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published as part of a public register and on the authority's website;
- Our system will automatically generate and send you emails in regard to the submission of this application.

☑ I / We agree to the outlined declaration

Signed

Charlotte Maynard

Date

01/07/2025