Application for Planning Permission and listed building consent for alterations, extensions or demolition of a listed building.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

Please complete using block capitals and black ink.

1. Applicant Name and Address

Title:	
First name:	
Last name:	-
Company (optional):	Salboy Central Ltd
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	Birchwood One Business Park, Unit 3, Birchwood
Address 2:	
Address 3:	
Town:	Salford
County:	
Country:	United Kingdom
Postcode:	WA37GB

2. Agent Name and Address

Title:	Mrs
First name:	Rachel
Last name:	Poole
Company (optional):	Deloitte
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	100 Embankment, Cathedral Approach,
Address 2:	
Address 3:	
Town:	Manchester
County:	
Country:	United Kingdom
Postcode:	M37FB

3. Description of the Proposal

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

Submission of revised details for application ref. 139715/FO/2024 and 139716/LO/2024

Full Planning Permission for the phased construction of 2 buildings to include: a tall mixed-use building to include residential (Use Class C3) and hotel with associated bars and restaurant (Use Class C1) (Plot 2a), a second tall building with residential accommodation (Use Class C3) with flexible commercial units (Use Class E) (Plot 2b), landscaping and public realm, servicing, drainage and access arrangements, highways alterations, and other associated works."

"Listed Building Consent for alterations to Castlefield Viaduct structure including alterations and creation of openings to facilitate structural works, localised removal of masonry, creation of basement and part removal of Great Bridgewater Street Bridge in association with the erection of two buildings

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)

Reference no. of permission in principle being relied on (technical details consent applications only) -

4. Site Address Details

Please provide the full postal address of the application site.

Units		House Number:		House Suffix:	

House name:	Viadux Phase 2
Address 1:	
Address 2:	
Address 3:	
Town:	Manchester
County	
Postcode (optional)	M60 2AT

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

Easting: 383580 Northing: 397629

Description:

Please see Planning and Tall Building Statement submitted in support of this application.

5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? [X] 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:

Jennifer Atkinson and Dave Roscoe

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission) 01/10/24

Details of pre-application advice received?

Ongoing meetings have been held since 12/03/2024 with the latest meeting held on 01/10/24 to discuss the revised proposals.

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

Is a new or altered vehicle access proposed to or from the public highway?	[X] Yes	[ ] No
Is a new or altered pedestrian access proposed to or from the public highway?	[X] Yes	[ ] No
Are there any new public roads to be provided within the site?	[ ] Yes	[X] No
Are there any new public rights of way to be provided within or adjacent to the site?	[X] Yes	[ ] No
Do the proposals require any diversions /extinguishments and/ or creation of rights of way?	[X] Yes	[ ] No

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

Please see architectural drawing schedule and Transport Assessment submitted in support of this application.

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? [X] Yes [ ] No

If Yes, please provide details:

Please refer to the Design and Access Statement and the Waste and Servicing Plan submitted with this application.

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

If Yes, please provide details:

Please refer to the Design and Access and the Waste and Servicing Plan submitted with this application.

8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

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 and/or agent? ☐ Yes ☒ No

If Yes, please provide details of the name, role, and how you are related to them:

9. Biodiversity Net Gain

Do you believe that, if the development is granted planning permission, the Biodiversity Gain Condition (as set out in Paragraph 13 of Schedule 7A of the Town and Country Planning Act 1990) would apply? ☒ Yes ☐ No

If No, please provide reasons, with reference to which exemptions or transitional arrangements you believe apply:

If Yes, please provide information requested in 1-6 below:

1. Please provide the date the pre-development biodiversity value of onsite habitat(s) have been calculated: (this should be one of the following dates: i) the date of this application; or ii) an earlier proposed date).

2. Please provide the pre-development biodiversity value of onsite habitats on this date: 0.00

If a date earlier than the date of the submission of the planning application has been specified in 1, please provide reasons why this date has been used:

3. Has there been any loss (or degradation) of any onsite habitat(s), resulting from activities carried out before the date specified in 1. either:
   - on or after 30 January 2020 which were not in accordance with a planning permission; or
   - on or after 25 August 2023 which were in accordance with a planning permission?

☐ Yes ☒ No

If yes, please provide details including: the date immediately before this activity was carried out; the onsite biodiversity value on this date; and any supporting evidence (or reference to relevant document containing these details).

4. Please state the publication date of the biodiversity metric tool(s) used to calculate the onsite biodiversity value(s) in 2. (and if applicable 3.).

November 2024

5. Does the application site have irreplaceable habitat(s) (corresponding to the descriptions in The Biodiversity Gain Requirements (Irreplaceable Habitat) Regulations 2024) which exist on land to which this application relates on the date specified in 1.

☐ Yes ☒ No

If yes, please provide a description of these and any further details (for example reference to relevant document):

6. Please confirm your application is accompanied by the following:
   i. The completed biodiversity metric tool(s) showing the calculation of the pre-development biodiversity value shown in 2. (and if applicable 3.) on the date specified in 1. (and if applicable 3.)
   ii. Plan(s), showing onsite habitat(s) existing on the date specified in 1.; and
   iii. If applicable, plan(s) showing onsite irreplaceable habitat(s) existing on the date specified in 1.

☒ Yes

Please provide details (for example reference to relevant document):

Please see BNG Assessment prepared by Penny Anderson Associates and submitted in Support of this application.

Note: Plans must be drawn to an identified scale, and showing the direction of North.

10. Demolition

Does the proposal include the partial or total demolition of a listed building? ☒ Yes ☐ No

If Yes, which of the following does the proposal involve?

a) Total demolition of the listed building: ☐ Yes ☒ No

b) Demolition of a building within the curtilage of the listed building: ☐ Yes ☒ No

c) Demolition of a part of the listed building: ☒ Yes ☐ No

If the answer to c) is Yes:

i) What is the total volume of the listed building? (cubic metres)	Unknown
ii) What is the volume of the part to be demolished? (cubic metres)	693
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	January 1876

Please provide a brief description of the building or part of the building you are proposing to demolish:

Please see Listed Building Structural Report submitted in support of this application.

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and structure(s)?

Please see Listed Building Structural Report submitted in support of this application.

11. Listed Building Alterations

Do the proposal include alterations to a listed building? ☒ Yes ☐ No

If Yes, do the proposed works include:
(you must answer each of the questions)

a) Works to the interior of the building? ☒ Yes ☐ No

b) Works to the exterior of the building? ☒ Yes ☐ No

c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally? ☒ Yes ☐ No

d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? ☐ Yes ☒ No

If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and proposal for their replacement, including any new means of structural support and state references for the plan(s)/ drawing(s):

Please see architectural drawings submitted in support of this application.

12. Listed Building Grading

Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic Interest? (Note: only one box must be ticked)

Grade 1	☐	Ecclesiastical Grade I	☐
Grade II*	☐	Ecclesiastical Grade II*	☐
Grade II	☒	Ecclesiastical Grade II	☐
		Don't Know	☐

13. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

☐ Yes ☒ No ☐ Don't Know

If Yes, please provide the result of the application:

14. 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	Please see Design and Access Statement submitted in support of this application	Please see Design and Access Statement submitted in support of this application	☐	☐
Roof	Please see Design and Access Statement submitted in support of this application.	Please see Design and Access Statement submitted in support of this application	☐	☐
Windows	Please see Design and Access Statement submitted in support of this application.	Please see De sign and Access Statement submitted in support of this application	☐	☐
Doors	Please see Design and Access Statement submitted in support of this application.	Please see Design and Access Statement submitted in support of this application.	☐	☐
Boundary treatments (e.g. fences, walls)	Please see Design and Access Statement submitted in support of this application.	Please see Design and Access Statement submitted in support of this application.	☐	☐
Vehicle access and hard-standing	Please see Design and Access Statement submitted in support of this application.	Please see Design and Access Statement submitted in support of this application.	☐	☐
Lighting	Please see Design and Access Statement submitted in support of this application.	Please see Design and Access Statement submitted in support of this application.	☐	☐
Others (please specify)			☐	☐

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:

Please see application drawing schedule and Design and Access Statement submitted in support of this application.

15. Vehicle Parking

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

Type of Vehicle	Total Existing	Total proposed (includingspaces retained)	Difference in spaces
Cars			
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces	0	523	523
Other (e.g. Bus)			
Other (e.g. Bus)			

16. 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):

Please refer to the Flood Risk / Drainage submitted with this application.

17. 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?

- [X] Sustainable drainage system
- [ ] Existing watercourse
- [ ] Soakaway
- [ ] Pond/lake
- [X] Main sewer

18. 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 biodiversityfeatures

- [ ] 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

Please see Section 9 for Biodiversity Net Gain

19. Existing Use

Please describe the current use of the site:

The Site is currently used as a service area for the Manchester Central Conference Complex and Beetham Tower.

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? [x] Yes [ ] 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? [x] Yes [ ] No

20. 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 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'

21. Trade Effluent

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

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

22. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? [x] 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 Homes
Houses	☐						a
Flats/maisonettes	☐	151	278	23			452
Sheltered housing	☐						d
Bedsit/studio	☐						e
Cluster flats	☐						f
Other	☐						g
Totals *(a + b + c + d + e + f) =*							A 452

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total Homes
Houses	☐						a
Flats/maisonettes	☐						b
Sheltered housing	☐						d
Bedsit/studio	☐						e
Cluster flats	☐						f
Other	☐						g
Totals *(a + b + c + d + e + f) =*							A

Affordable Home Ownership	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total Homes
Houses	☐						a
Flats/maisonettes	☐	57	57	19			133
Sheltered housing	☐						d
Bedsit/studio	☐						e
Cluster flats	☐						f
Other	☐						g
Totals *(a + b + c + d + e + f) =*							133

Starter Homes	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total Homes
Houses	☐						a
Flats/maisonettes	☐						b
Bedsit/studio	☐						e
Other	☐						g
Totals *(a + b + c + d) =*							A

Self-build and Custom Build	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total Homes
Houses	☐						a
Flats/maisonettes	☐						b
Bedsit/studio	☐						e
Other	☐						g
Totals *(a + b + c + d) =*							A

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

Existing Housing

Market Housing	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total Homes
Houses	☐						a
Flats/maisonettes	☐						b
Sheltered housing	☐						d
Bedsit/studio	☐						e
Cluster flats	☐						f
Other	☐						g
Totals *(a + b + c + d + e + f) =*							A 0

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total Homes
Houses	☐						a
Flats/maisonettes	☐						b
Sheltered housing	☐						d
Bedsit/studio	☐						e
Cluster flats	☐						f
Other	☐						g
Totals *(a + b + c + d + e + f) =*							A

Affordable Home Ownership	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total Homes
Houses	☐						a
Flats/maisonettes	☐						b
Sheltered housing	☐						d
Bedsit/studio	☐						e
Cluster flats	☐						f
Other	☐						g
Totals *(a + b + c + d + e + f) =*							0

Starter Homes	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total Homes
Houses	☐						a
Flats/maisonettes	☐						b
Bedsit/studio	☐						e
Other	☐						g
Totals *(a + b + c + d) =*							A

Self-build and Custom Build	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total Homes
Houses	☐						a
Flats/maisonettes	☐						b
Bedsit/studio	☐						e
Other	☐						g
Totals *(a + b + c + d) =*							A

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

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total): 585

23. 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)
B2 – General Industrial (other than falling within Class E)			☐				
B8 – Storage and Distribution			☐				
C1 – Hotels			☐	0	0	27,128	27,128
C2 – Residential Institutions			☐				
C2A – Secure Residential Institutions			☐				
E - Commercial, Business and Service:	(a) retail (other than hot food)	Shops	☐	0	0	198	
		Net tradeable area:	☐				
	(b) sale of food and drink (mostly consumed on the premises)		☐				
	(c) (i) Financial services		☐				
	(c) (ii) Professional services (other than health or medical)		☐				
	(c) (iii) any other service		☐				
	(d) Indoor sports, recreation or fitness		☐				
	(e) medical or health services		☐				
	(f) creche, day nursery		☐				
	(g) (i) office (to carry out operational or administrative functions)		☐				
	(g) (ii) research and development of products or processes		☐				
	(g) (iii) any industrial process (can be carried out within a residential area)		☐				
F.1 - Learning and non-residential institutions:	(a) Education		☐				
	(b) display works of art		☐				
	(c) museum		☐				
	(d) public library		☐				
	(e) public hall or exhibition hall		☐				
	(f) public worship or religious instruction		☐				
	(g) law court		☐				
F.2 - Local Community	(a) Shop selling essential goods (premises not over 280 metres squared and no other such facility in 1000m radius)		☐				
	(b) hall or meeting place for local community (principal use)		☐				
	(c) outdoor sport or recreation		☐				
	(d) indoor or outdoor swimming pool or skating rink		☐				
Other – Please Specify							
			☐				
Total							

23. All Types of Development: Non-residential Floorspace (Continued)

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 change of use)	Net additional rooms
C1 - Hotels	☐	0	160	160
C2 - Residential Institutions	☐			
C2A - Secure Residential Institutions	☐			
Other – Please specify:	☐			

24. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees	0	0	0
Proposed employees	441	0	441

25. Hours of Operation

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

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not Known
E				x

26. Site Area

Please state the site are in hectares (ha): 0.661

27. 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 applicab	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 wasteplanning authority should make clear what information it requires on its website.

28. 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 (tonnes):

Acrylonitrile		Ethylene oxide		Phosgene	
Ammonia		Hydrogen cyanide		Sulphur dioxide	
Bromine		Liquid oxygen		Flour	
Chlorine		Liquid petroleum gas		Refined white sugar	
Other:			Other:		
Amount:			Amount:		

29. 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

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* 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 is part of, an agricultural holding**

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application 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):

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

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* and/or agricultural tenant** of any part of the land or building to which this application 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
[redacted]	Town Hall, Albert Square, Manchester, M602LA	18/11/2024
[redacted]	1st Floor, Bluebird House, Mole Business Park, Surrey, KT22 7BA	18/11/2024
[redacted]	Town Hall Extension, Albert Square, Manchester M602LA	18/11/2024
[redacted]	Town Hall, Albert Square, Manchester, Manchester, M602LA	18/11/2024
[redacted]	2 Piccadilly Place, Manchester, M13BG	18/11/2024

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	Rachel Poole	18/11/2024

29. Ownership Certificates and Agricultural Land Declaration (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

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* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

** "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*

The steps taken were:

Name of Owner / Agricultural Tenant	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):

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

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* and/or agricultural tenant** of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

** "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*

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):

30. 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.

The original and 3 copies of a completed and dated application form:	X	The correct fee:	X
The original and 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:	X	The original and 3 copies of a design and access statement,if required (see help text and guidance notes for details):	X
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	X	The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 12 Certificate (Agricultural Holdings):	X

31. Declaration

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

Signed - Applicant	Or signed – Agent:	Date	
	Rachel Poole	18/11/2024	(date cannot be pre-application)

32. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code:	Mobile number (optional):

Country code:	Fax number(optional):

Email address (optional):

33. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code:	Mobile number (optional):
[redacted]	[redacted]

Country code:	Fax number(optional):

Email address (optional):

[redacted]

34. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? X 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)* X Agent ☐ Applicant ☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Telephone number:

Email address: