

## 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

### Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to a Local Planning Authority in accordance with the legislation detailed on this form.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to a Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

### Local Planning Authority details:

**MANCHESTER  
CITY COUNCIL**

Planning

Telephone: 0161 234 4516

[planning@manchester.gov.uk](mailto:planning@manchester.gov.uk)

PO Box 532 Town Hall

Manchester M60 2LA

### Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information.

If you require any further clarification, please contact the Local Planning Authority directly.

#### 1. Applicant Name and Address

|                     |                             |               |          |
|---------------------|-----------------------------|---------------|----------|
| Title:              | MR                          | First name:   | NICHOLAS |
| Last name:          | GREWHALGH                   |               |          |
| Company (optional): | MILK FOR HEALTH LTD         |               |          |
| Unit:               | 41                          | House number: |          |
|                     |                             | House suffix: |          |
| House name:         |                             |               |          |
| Address 1:          | WAYBRIDGE INDUSTRIAL ESTATE |               |          |
| Address 2:          | DANIEL ADAMSON ROAD         |               |          |
| Address 3:          |                             |               |          |
| Town:               | SALFORD                     |               |          |
| County:             |                             |               |          |
| Country:            | UNITED KINGDOM              |               |          |
| Postcode:           | M50 1DS                     |               |          |

#### 2. Agent Name and Address

|                     |  |               |  |
|---------------------|--|---------------|--|
| Title:              |  | First name:   |  |
| Last name:          |  |               |  |
| Company (optional): |  |               |  |
| Unit:               |  | House number: |  |
|                     |  | House suffix: |  |
| House name:         |  |               |  |
| Address 1:          |  |               |  |
| Address 2:          |  |               |  |
| Address 3:          |  |               |  |
| Town:               |  |               |  |
| County:             |  |               |  |
| Country:            |  |               |  |
| Postcode:           |  |               |  |

### 3. Site Address Details

Please provide the full postal address of the application site.

|                                                                                               |                |               |        |               |  |
|-----------------------------------------------------------------------------------------------|----------------|---------------|--------|---------------|--|
| Unit:                                                                                         |                | House number: | 406    | House suffix: |  |
| House name:                                                                                   |                |               |        |               |  |
| Address 1:                                                                                    | WILBRAYAM ROAD |               |        |               |  |
| Address 2:                                                                                    | CHORLTON       |               |        |               |  |
| Address 3:                                                                                    |                |               |        |               |  |
| Town:                                                                                         | MANCHESTER     |               |        |               |  |
| County:                                                                                       |                |               |        |               |  |
| Postcode (optional):                                                                          | M21 0SD        |               |        |               |  |
| Description of location or a grid reference.<br>(must be completed if postcode is not known): |                |               |        |               |  |
| Easting:                                                                                      | 382063         | Northings:    | 394029 |               |  |
| Description:                                                                                  |                |               |        |               |  |
|                                                                                               |                |               |        |               |  |

### 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:                               |  |
| Reference:                                  |  |
| Date (DD/MM/YYYY):                          |  |
| (must be pre-application submission)        |  |
| Details of pre-application advice received? |  |
|                                             |  |

### 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:

VARIATION OF CONDITION NO. 2 (SPECIFIED PLANS) ATTACHED TO PLANNING PERMISSION REF: 116319/FO/2017 TO ALLOW FOR INTERNAL RECONFIGURATION OF APARTMENTS, AMENDMENTS TO SIDE ELEVATION WINDOW DESIGN, AMENDMENTS TO REAR YARD POOL POSITIONS, REMOVE AND RELOCATION OF VENTS AND FLUE, THE REMOVAL OF CEILING UNITS AT FIRST FLOOR LEVEL, AMENDMENTS TO WINDOW AND ROOFLIGHT POSITIONS AND ALTERATIONS TO THE FRONT GABLE DETAIL AND SHOP FRONT

Reference number: 122487/JO/2014 Date of decision (DD/MM/YYYY): 20/06/2019 (date must be pre-application submission)

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

|    |   |     |  |
|----|---|-----|--|
| 1. | 4 | 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):

20/06/2019 (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):

21/06/2020 (date must be pre-application submission)

### 6. Condition(s) - Removal

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

WE WOULD LIKE TO CHANGE THE HOURS THE PREMISES ARE OPEN TO BRING THEM IN LINE WITH LICENSING, AND OTHER LOCAL BUSINESSES, IN ORDER TO MAKE A SUCCESS OF A FUTURE UNIT AND IMPROVE THE HOSPITALITY OFFERING IN CHORLTON

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

HOURS PREMISES ARE OPEN TO THE PUBLIC - SUNDAY TO WEDNESDAY 08:00 - 24:00 (MIDNIGHT). THURSDAY-SATURDAY 08:00 - 01:00. CURRENTLY CONDITION 4 STIPULATES HOURS BETWEEN 08:00 - 23:00

## 7. 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 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\* 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

#### Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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 |
|-------------------------------------|--------------------------------------|--------------------|
| SUFFOLK LIFE ANNUITIES              | 153 PRINCES STREET, IPSWICH, IP1 1Q3 | 02/03/2026         |
|                                     |                                      |                    |
|                                     |                                      |                    |
|                                     |                                      |                    |
|                                     |                                      |                    |
|                                     |                                      |                    |

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

02/03/2026

## 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 (LPA) has been submitted.

The original and 3 copies\* of a completed and dated application form: ☐

The original and 3 copies\* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings): ☐

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

The correct fee: ☐

\*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required.

LPA's may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick).

You can check your LPA's website for information or contact their planning department to discuss these options.

## 9. 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.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

02/03/2026

(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:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

## 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:

Telephone number:

Email address: