BARNSLEY
Metropolitan Borough Council

Planning and Transportation Service
Barnsley MBC
PO Box 604
Barnsley
S70 9FE
developmentcontrol@barnsley.gov.uk

Barnsley Metropolitan

15 FEB 2010

Corporate mail room

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) 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.

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:	RICHARD
Last name:	WIBBERLEY
Company (optional):	BARNSLEY COMMUNITY SOLUTI
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	FIELDS END BUSINESS PARK
Address 2:	DAVEY ROAD
Address 3:	GOLDTHORPE
Town:	BARNSLEY
County:	YORKSHIRE
Country:	UK
Postcode:	S63 0JF

2. Agent Name and Address

Title:	MR
First name:	TAK
Last name:	LIU
Company (optional):	P+HS ARCHITECTS
Unit:	
House number:	34
House suffix:	
House name:	QUEENS HOUSE
Address 1:	34 WELLINGTON STREET
Address 2:	
Address 3:	
Town:	LEEDS
County:	YORKSHIRE
Country:	UK
Postcode:	LS1 2DE

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name:

Address 1: MILTON ROAD

Address 2: HIGH STREET AND SOUTHGATE

Address 3: HOYLAND

Town: BARNSLEY

County: YORKSHIRE

Postcode (optional):

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

Easting: | Northing:

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: KEIRON DUNN

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:

Erection of a lift centre to accommodate new health care centre facilities (D1)

Reference number: 2009/0884 Date of decision: 24/09/2010 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.		6.	
2.	EXTERNAL MATERIALS	7.	
3.	SITING + ORIENTATION OF SUBSTATION.	8.	
4.		9.	
5.		10.	

Has the development already started? ☐ Yes ☒ No

If Yes, please state when the development started (DD/MM/YYYY): (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): (date must be pre-application submission)

6. Discharge Of Condition

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

EXTERNAL MATERIALS PALLET DRAWING TO SHOW SPEC AND COLOUR FOR ALL EXTERNAL MATERIALS.

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☒ Yes ☐ No

If Yes, please indicate which part of the condition your application relates to: