FOR OFFICE USE

Application No. .....

Date Received .....

Fee Paid .....

BARNSLEY
Metropolitan Borough Council

Planning and Transportation Service, PO Box 604, Barnsley S70 9FE

Application for prior notification of proposed development by telecommunications code system operators.

Town and Country Planning General Permitted Development Order 1995 Schedule 2, part 24

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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:	KEVIN		
Last name:	BLACKSHAW.				
Company (optional):	KCOM GROUP				
Unit:		House number:		House suffix:	
House name:	NEC				
Address 1:	VULCAN STREET				
Address 2:	CLOUGH ROAD.				
Address 3:					
Town:	HULL				
County:	EAST YORKSHIRE				
Country:					
Postcode:	HU6-7PS				

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:		House suffix:	
House name:					
Address 1:	O/S 35 CHURCH STREET				
Address 2:	O/S MUSEUM.				
Address 3:					
Town:	BARNSLEY.				
County:					
Postcode (optional):	S70 2AH				

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

Easting: 434406 Northing: 406623

Description:

SEE PHOTO FOR LOCATION

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. Telecommunications Apparatus

Please specify the type of apparatus to be installed or altered (e.g. call box, mast):

TELECOMS STREET CABINET (WITH POWER)

Please provide further details of the apparatus (e.g. height, size, colour, etc):

COLOUR TO BE CONFIRMED WITH BMBC (SPEC TO BE PRIOR)
SIZE H: 1300 W: 750 D: 480
MAINTENANCE PROGRAMME TO BE PUT IN PLACE (TBC)

Are you replacing an existing installation? ☐ Yes ☑ No

If Yes, please provide further details of the existing apparatus (e.g. height, size, colour etc):

Are you submitting a declaration confirming that the apparatus is in full compliance with the requirements of the radio frequency (RF) public exposure guidelines of the International Commission on Non-Ionizing Radiation Protection (ICNIRP)? The emissions from all mobile phone network operators' equipment on the site must be taken into *account when determining compliance.* ☐ Yes ☑ No

6. Supplementary Information

Are you also providing a completed Supplementary Information Template (as set out in Annex F of the Code of Best Practice on Mobile Phone Network Development)? ☐ Yes ☑ No

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? ☑ Yes ☐ No

If Yes, please provide details:

BMBC HAVE APPROVED THE PROJECT