FOR OFFICE USE

Application No. .....

Date Received

Fee Paid .....

BARNSLEY
Metropolitan Borough Council

# 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

RECEIVED
7 FEB 201
CORPORATE MAIL ROOM

## Publication of planning applications on council websites

**Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.**

**If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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: | PHILIP |
| Last name: | CHAWNER |
| Company (optional): | VOYAGE CARE |
| Unit: | |
| House number: | |
| House suffix: | |
| House name: | GARRICK HOUSE |
| Address 1: | 2, QUEEN STREET |
| Address 2: | LICHFIELD |
| Address 3: | |
| Town: | |
| County: | STAFFS |
| Country: | |
| Postcode: | WS13 6QD |

## 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: | PINDAR OAKS HOSPITAL | | | | |
| Address 1: | UPPER SHEFFIELD ROAD | | | | |
| Address 2: | | | | | |
| Address 3: | | | | | |
| Town: | BARNSLEY. | | | | |
| County: | YORKSHIRE | | | | |
| Postcode (optional): | S70 4PL | | | | |

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: JOE JENKINSON

Reference: EMAIL TO M HUSCHKA CONSTRUCTION

Date (DD/MM/YYYY): 27/01/2011
(must be pre-application submission)

Details of pre-application advice received?

SEE EMAIL. (ATTACHED)

## 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 INDEPENDANT HOSPITAL/HEALTHCARE ESTABLISHMENT
(Revision of approved scheme 2007/1012)

2007/1012

Reference number: 2008/1271 Date of decision (DD/MM/YYYY): 22/10/2008 (date must be pre-application submission)

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

| | | | |
|---|---|---|---|
| 1. | CONDITION 2. | 6. | |
| 2. | CONDITION 9. | 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): 05/03/2008 (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): 12/02/2009 (date must be pre-application submission)

## 6. Condition(s) - Removal

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

BY RE-ALIGNING THE NORTHERN KERB LINE SO THAT ACCESS IS AS WIDE AS POSSIBLE, WITHOUT REQUIRING THE RELOCATION OF THE BT MANHOLE IN THE PUBLIC FOOTPATH

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

REQUIRE CONSENT FOR THE VARIANCE TO APPROVED DRAWING. 320/2007-14.

## 7. Certificates

**One Certificate A, B, C, or D, must be completed with this application form**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

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 *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)* of any part of the land or building to which the application relates.

| Signed - Applicant: | Or signed - Agent: | Date DD/MM/YYYY: |
|---|---|---|
| N/A. | | |

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

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 *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)* of any part of the land or building to which this application relates.

| Name of Owner | Address | Date Notice Served |
|---|---|---|
| [redacted] | | |
| | | |
| | | |
| | | |
| | | |

[redacted]

| | Or signed - Agent: | Date DD/MM/YYYY: |
|---|---|---|
| | | |

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

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 *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run )*of the land or building, or of a part of it , but I have/ the applicant has been unable to do so.

The steps taken were:

| |
|---|
| |

| Name of Owner | Address | Date Notice Served |
|---|---|---|
| | N/A. | |
| | | |
| | | |
| | | |
| | | |

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: |
|---|---|---|
| | | |

## 7. Certificates (continued)

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

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 *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run )* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

N/A

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:

**AGRICULTURAL HOLDINGS CERTIFICATE**

**Town and Country Planning (General Development Procedure)Order 1995 Certificate under Article 7**

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant: N/A.

Or signed - Agent:

Date DD/MM/YYYY:

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

| Name of Tenant | Address | Date Notice Served |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

## 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 has been submitted.

3 copies of a completed and dated application form: ☑

3 copies of other plans and drawings or information necessary to describe the subject of the application: ☑

## 9. Declaration

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

[redacted]

Or signed - Agent:

Date (DD/MM/YYYY): 01/02/2011 (date cannot be pre-application)