



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

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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:		First name:	
Last name:	CORNERSTONE TELECOMMUNICATIONS INFRASTRUCTURE LTD (CTIL)		
Company (optional):	AND TELEFONIA UK LTD		
Unit:	1330	House number:	
		House suffix:	
House name:	THE EXCHANGE BUILDING		
Address 1:	ARLINGTON BUSINESS PARK		
Address 2:			
Address 3:			
Town:	THEALE		
County:	BERKSHIRE		
Country:	ENGLAND		
Postcode:	RG7 4SA		

2. Agent Name and Address

Title:	MR	First name:	ALEXANDER
Last name:	BALL		
Company (optional):	CLARKE TELECOM		
Unit:	E	House number:	
		House suffix:	
House name:	MADISON PLACE		
Address 1:	NORTHAMPTON ROAD		
Address 2:			
Address 3:			
Town:	MANCHESTER		
County:	LANCASHIRE		
Country:	ENGLAND		
Postcode:	M40 5AG		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

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:

CHIEF PLANNING OFFICER

Reference:

CTIL-114506 TEF-71716-VF-35525

Date: (DD/MM/YYYY)

(must be pre-application submission)

05/12/2014

Details of pre-application advice received?

NO RESPONSE RECEIVED TO DATE.

5. Telecommunications Apparatus

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

12.5M SLIM-LINE STREETWORKS COLUMN SUPPORTING 3 NO. ANTENNAS, 1 NO. REPLACEMENT EQUIPMENT CABINET, 2 NO. ADDITIONAL EQUIPMENT CABINETS AND ANCILLARY DEVELOPMENT.

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

COLUMN (12.5M) - GREY IN COLOUR
2 NO. EQUIPMENT CABINET (WxDxH) - 700 x 1300 x 1450
1 NO. EQUIPMENT CABINET (WxDxH) - 500 x 600 x 1535 GREEN

Are you replacing an existing installation? ☒ Yes ☐ No

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

COLUMN (12M) STREETWORKS COLUMN SUPPORTING 3 NO. ANTENNAS, 1 NO. EQUIPMENT CABINET AND 1 NO. METER CABINET.

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:

LOCAL COUNCILLORS
LOCAL MP
LOCAL NURSERY