

Planning and Transportation Service Barnsley MBC PO Box 604 Barnsley \$70 9FE developmentmanagement@barnsley.gov.uk

## Application for Outline Planning Permission with all matters reserved. Town and Country Planning Act 1990

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

KEVIN

PORTER

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.

First name:

1. Applicant Name and Address

MR

Title:

Last name:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Title:

Last name:

2. Agent Name and Address

First name:

(optional):		(optional):
Unit:	House number: 8 House suffix:	Unit: House House suffix:
House name:		House name:
Address 1:	LADYMEDE	Address 1:
Address 2:	MONK BRETTON	Address 2:
Address 3:		Address 3:
Town:	BARNSLEY	Town:
County:	SOUTH YORKSHIRE	County:
Country:		Country:
Postcode:	571 2QU	Postcode:
3. Descrip	otion of the Proposal	
Please descr	ribe the proposal:	
	PROPOSED ERECTION OF D	DETACHED DWELLINGHOUSE  BMBC  CORPORATE MAIL ROOM  DM
		***************************************
		17 OCT 2017
		Cnq

3. Description of the Proposal (continued)	4. Site Address Details
	Please provide the full postal address of the application site.
Has building or works already been carried out?	Unit: House House suffix:
carried out?	House
If Yes, please state the date when building or works were started (DD/MM/YYYY):	Address 1: ALLOTMENT STE
of works were started (BB/MMV/ FFFF).	Address 2: Tower STREET
	Address 3:
(date must be pre-application submission)	TOWN: BARNSUEY
	County: SOUTH YORKSHIRE
Have the works been completed? Yes Vo	Postcode (optional): 576185
If You place state when the works were	Description of location or a grid reference. (must be completed if postcode is not known):
If Yes, please state when the works were completed (DD/MM/YYYY):	Easting: Northing:
	Description:
(data must be assumplication submission)	
(date must be pre-application submission)	
(F. Announce of File of Piels	C. D Parti Addison
5. Assessment of Flood Risk	6. Pre-application Advice  Has assistance or prior advice been sought from the local
Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and	authority about this application? Yes No
consult Environment Agency standing advice and your local	If Yes, please complete the following information about the advice
planning authority requirements for information as necessary.)	you were given. (This will help the authority to deal with this
Yes No	application more efficiently). Please tick if the full contact details are not
If yes, you will need to submit a Flood Risk Assessment to consider	known, and then complete as much as possible:
the risk to the proposed site.	Officer name:
Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No	
	Reference:
Will the proposal increase the flood risk elsewhere? Yes You	Coto (DD (MM ANAM)
How will surface water be disposed of?	Date (DD/MM/YYYY): (must be pre-application submission)
Sustainable drainage system Existing watercourse	Details of pre-application advice received?
✓ Soakaway Pond/lake	
Main sewer	
7. Authority Employee / Member	
With respect to the Authority, I am: (a) a member of staff (b) an elected member	Do any of these statements apply to you? Yes No
(c) related to a member of staff	
(d) related to an elected membe	r
If Yes, please provide details of the name, relationship and role	
8. Site Area	
Please state the site area in hectares (ha) 0.05 ha	

ı	Propo:		Have	sina					Exist	ina	Harr	ina			
	TOPO	seu i					I= ·		LAISU	my					
Market Housing	Not known	<u> </u>	Num 2	ber of	Bedr 4+	ooms Unknown	Total	Market Housing	Not known	1	Num 2	ber o	f Bedr 4+	ooms Unknowr	Tota
Houses		<del> '-</del>	† <u>-</u>	1		- CIMATOVIII	1	Houses			-		4+	Officiowi	
Flats and maisonettes		<del>                                     </del>		Ť		1		Flats and maisonettes						<del> </del>	_
Live-work units								Live-work units			-	· ····-	1	<del> </del>	
Cluster flats			<u> </u>				-	Cluster flats		<u> </u>			-		
Sheltered housing								Sheltered housing			+	-	-	-	
Bedsit/studios								Bedsit/studios			<u> </u>	-	-		+
Unknown type						—		Unknown type			-	-			
	т.	otals	1_ (a+t	) + c +	d + e	(+f+q)=	1	Onknown type		ntale	· (a	14.64	<u> </u>	+f+g)=	60
	·									otais	(α + ι	7+67	- 4 + 6	+1+9)-	0
Social Rented	Not		Num	oer of	Bedr	ooms Unknown	Total	Social Rented	Not	···	Num	ber o	f Bedr	rooms Unknowr	Tota
Social Kenteu	known	1	2	3	4+				known	1	2	3	4+		
Houses		<u> </u>						Houses							
Flats and maisonettes								Flats and maisonettes				ļ			ļ
Live-work units								Live-work units					ļ		
Cluster flats		<u> </u>						Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios		<u> </u>						Bedsit/studios					<u> </u>		
Unknown type								Unknown type							ļ
	T	otals	(a + b	+ c +	d+e	+f+g)=	0		T	otals	(a + t	) + <i>C</i> +	· d + e	+f+g)=	0
·		r	N.L				Total				N. S		' D		Tota
Intermediate	Not known		Numl 2	3		Unknown	TOTAL	Intermediate	Not known	1	Number of Bed 1 2 3 4+			Unknown	
Houses								Houses							
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units						`	
Cluster flats								Cluster flats							
Sheltered housing			ļ					Sheltered housing							
Bedsit/studios								Redsit/studios							
Unknown type								Unknown type							
	To	otals	(a + b	+ C +	d+e	+f+g)=	0		T	otals	(a + b	+ c +	d+e	+ f + g) =	0
Key worker	Not known		Numb 2	er of		ooms Unknown	Total	Key worker	Not known	1	Numl 2	oer of		ooms Unknown	Tota
Houses		<del>                                     </del>		Ç	4+	Unknown		Houses				3	4+	OTRIOWIT	-
Flats and maisonettes		1						Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios										~		-		_	_
							<del></del>	Bedsit/studios							
· · · · · · · · · · · · · · · · · · ·	1 , .	, /	1			i l	į.	Unknown type			1	1	1	Ī	
Unknown type		-4-1	10 . 1		<u> </u>	. f . = 1				. 4 - I	1		-d	. <i>E</i> , _1	
· · · · · · · · · · · · · · · · · · ·		otals	(a + b	+ ( +	d+e	+ f + g) =	0		To	otals	(a + b	+ c +	d+e	+ f + g) =	0

		<b>Developm</b> involve the lo					7	al floors	pace	e? Yes	V	No.	Unknown
		ered Yes to t		<u> </u>				_ <del></del> _	'			_	
	ise class/type		Not applicable		ross I ce	Gross to be us	internal flo lost by ch e or demol quare met	orspace ange of ition	J.,	Total gross into floorspace prop (including char use)(square me	ernal posed age of etres)		Net additional gross internal floorspace following developmen (square metres)
A1	Sh	ops											
	Net trad	able area:				•							
A2		cial and nal services					•						
A3		ts and cafes											-
Λ4	Drinking es	tablishments											
A5	Hot food	takeaways											
B1 (a)	Office (oth	ner than A2)											
B1 (b)		rch and opment											
B1 (c)	Light in	ndustrial		NH	4	1							
B2	General	industrial											
B8		distribution											
C1		nd halls of dence											
C2	Residential	institutions											
D1		sidential utions											
D2		and leisure											
OTHER				<del>-</del>			,						
Please Specify													
	To	otal								<del> </del>			
in ac	dition, for ho	otels, resident	tial ins	stitutions and	d hoste	els, ple	ase additio	nally inc	dicat	te the loss or gai	n of ro	oms	· · · · · · · · · · · · · · · · · · ·
Use class	Type of use	Not applicable	Existi chan	ing rooms to ge of use or o	be los demoli	t by ition	Unknown	Total (includi	roo ng d	ms proposed thanges of use)	Unkn	own	Net additional rooms
<b>C</b> 1	Hotels				•							]	
C2	Residential institutions			NA								]	
OTHER				t								]	
Please Specify	·											]	
	ployment		ormat	ion regarding	r emp	lovees	:		;		-		
	Please complete the following information regarding employees:  Full-time  Part-time  Part-time  equivalent												
Exi	Existing employees								eqi			vaic	
Pro	posed emplo	yees										-	
	urs of Ope												
Pleas	Use Use	ours of openi		r each non-re to Friday	siden		e proposec aturday	: <u> </u>		Sunday and	$\overline{}$		Not known
		1410	ay		<del> </del>					Bank Hólidays			INOU KHOWII
				·NH	+						_		
					4								

13. Industrial or Commercial Proce	esses a	nd M	achine	ry				
Please describe the activities and processes be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed or	ıcts inclu include	uding		NI:	A .			
is the proposal a waste management develo		? [	Yes	No.		nknown		
If the answer is Yes, please complete the following	•		ļ	<u> </u>			•	
		mei	tres, İnclu	ty of the void iding enginee aking no allov on material (c litres if liquic	ering	Unknown	Maximum annual operational through put in tonnes (or litres if liquid waste)	Unknown
Inert landfill				·	<del></del>			
Non-hazardous landfill			•				.,,-	
Hazardous landfill						. 🗆		
Energy from waste incineration								
Other incineration								
Landfill gas generation plant								
Pyrolysis/gasification			•	1.				
Metal recycling site								
Transfer stations		$\overline{H}$	<u>, v</u>					
Material recovery/recycling facilities (MRFs)		<del>/</del> /	<del>K</del>			$\overline{\Box}$		
Household civic amenity sites		<del></del>		<del></del>				<del>                                     </del>
Open windrow composting							<del></del>	
in-vessel composting								<del>                                     </del>
Anaerobic digestion							. , , , , , , ,	
Any combined mechanical, biological and/ or thermal treatment (MBT)								
Sewage treatment works								
Other treatment								
Recycling facilities construction, demolition and excavation waste				·				
Storage of waste			<u>,</u>					
Other waste management		<del></del>						
Other developments								
Please provide the maximum annual operation	ional thr	roughp	out of the	following wa	aste strear	ns:		
Municipal					<del></del>	<del></del>		_
Construction, demolition and e	xcavatio	on		A (   A				
Commercial and industr	rial			NIT				
Hazardous								
If this is a landfill application you will need to planning authority should make clear what	o provic informa	de furth tion it	ner inforn requires (	nation before on its website	your app	lication car	n be determined. Your wa	ste
14. Existing Use								
Please describe the current use of the site:		VA	CANT	AUCTM	ENT.			
Is the site currently vacant? Yes	] No							
If Yes, please describe the last use of the site:	: [		OT	KNOWN	· / A	Lotmer	π	
When did this use end (if known)? DD/MM/Y	YYY [	No	T KNOW	<b>√</b> (date	where kn	own may b	e approximate)	
Does the proposal involve any of the following lf yes, you will need to submit an appropriate		ninatio	n assessn	nent with you	ır applicat	ion.		
Land which is known to be contaminated?						Yes	No	
Land where contamination is suspected for a	ll or pari	t of the	site?			Yes	No No	
A proposed use that would be particularly vu	Inerable	e to the	presenc	e of contamir	nation?	Yes	No No	

## 15. 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 2010 Certificate under Article 12 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	on 65(8) of the Act.
Signed - A	Or signed - Agent:	Date (DD/MM/YYYY):
I.certify/ The applicant certifies that I ha 21 days before the date of this applicati- application relates. * "owner" is a person with a freehold intere	CERTIFICATE OF OWNERSHIP - CERTIFICATE B velopment Management Procedure) (England) Order 2010 ve/the applicant has given the requisite notice to everyone els on, was the owner* and/or agricultural tenant** of any part o st or leasehold interest with at least 7 years left to run. iven in section 65(8) of the Town and Country Planning Act 1990	e.(as listed below) who, on the day
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

I certify/ The applicant certifies that:  Neither Certificate A or B can be is	CERTIFICATE OF OWNE elopment Management P sued for this application ken to find out the names a fit, but I have/ the applicar or leasehold interest with at	ership - Certificate C rocedure) (England) Order 2010 Cer and addresses of the other owners* an at has been unable to do so. theast 7 years left to run.	
Name of Owner / Agricultural Tenant		Address	Date Notice Served
	. () A-		
	N/A-	/	
	<u> </u>		
1			
Notice of the application has been publish (circulating in the area where the land is sit	ed in the following newspa tuated):	on the following date than 21 days before t	e (which must not be earlier he date of the application):
Signed - Applicant:	Or signed -	Agent:	Date (DD/MM/YYYY):
I certify/ The applicant certifies that:	his application en to find out the names a vner* and/or agricultural t le to do so. or leasehold interest with at	nd addresses of everyone else who, or enant** of any part of the land to whic least 7 years left to run. on and Country Planning Act 1990	arthe day 21 days before the
1	VIA		
Notice of the application has been publish (circulating in the area where the land is sit	ed in the following newspa		e (which must not be earlier the date of the application):
(circulating in the area where the land is see	uated).	that 21 days before	are date of the application,
Signed - Applicant:	Orsigned	Agent	Date (DD/MM/YYYY):
зідпец - Аррилані.	Or signed -	Agent.	Date (DD/WWW/1111).
16. Planning Application Require	ments - Checklist		
Please read the following checklist to make information required will result in your appl the Local Planning Authority has been subn	sure you have sent all the lication being deemed inva	information in support of your propos alid. It will not be considered valid unt	sal. Failure to submit all til all information required by
The original and 3 coples of a completed an	d dated	The correct fee:	lacksquare
application form:	<b>V</b>	The original and 3 copies of a design	
The original and 3 copies of the plan which the land to which the application relates draidentified scale and showing the direction of	wn to an •	if required (see help text and guida The original and 3 copies of the co	ance notes for details):  mpleted, dated
The original and 3 copies of other plans and information necessary to describe the subje	drawings or ct of the application:	Ownership Certificate (A, B, C or D and Article 12 Certificate (Agricultu	– as applicable)