FOR OFFICE USE

BARNSLEY
Metropolitan Borough Council

Application No.

Date Received

Fee Paid

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

RECEIVED
11 FEB 2010
CORPORATE MAIL ROOM

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No
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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

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:	NEIL
Last name:	JOSEPH
Company (optional):	KCOMM GROUP
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	CAROLINA COURT
Address 2:	WISCONSIN DRIVE
Address 3:	
Town:	DONCASTER
County:	S. YORKS
Country:	
Postcode:	DN4 5RA

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: HOPWOOD STREET JUNCTION

Address 2: VICTORIA ROAD

Address 3:

Town: BARNSLEY

County: S. YORKS

Postcode (optional): S70 2BG

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

Easting: 434094 Northing: 406803

Description:

SEE ATTACHED 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: STEVE KIRKHAM

Reference: 2009/1067

Date: (DD/MM/YYYY) (must be pre-application submission) 20/8/2009

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):

TELECOMMS STREET CABINET (WITH POWER)

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

COLOUR TO BE CONFIRMED WITH BMBC (SEE ATTACHED)
H: 1425 W: 1140 D: 480
MAINTENANCE PROGRAMME TO BE PUT IN PLACE

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