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Application for Planning Permission and listed building consent for alterations, extension or demolition of a listed building. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

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Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



Planning and Building Control Economic Regeneration - Place Directorate Barnsley Metropolitan Borough Council, PO Box 634, Barnsley, S70 9GG DevelopmentManagement@barnsley.gov.uk www.barnsley.gov.uk/services/planning-and-buildings

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address. Title: MRS, First name: LYNN, Last name: DUNNING, Company (optional): BMBC, Unit: [ ], House number: [ ], House suffix: [ ], House name: [ ], Address 1: WEST GATE PLAZA, Address 2: [ ], Address 3: [ ], Town: BARNSELY, County: [ ], Country: [ ], Postcode: [ ]

2. Agent Name and Address. Title: MR, First name: BEN, Last name: TAYLOR, Company (optional): NPS, Unit: [ ], House number: [ ], House suffix: [ ], House name: [ ], Address 1: LEVEL 5 GATEWAY PLAZA, Address 2: SACKVILLE STREET, Address 3: [ ], Town: BARNSELY, County: [ ], Country: [ ], Postcode: S70 2RD

### 3. Description of Proposed Works

Please describe details of the proposed development or works including details of proposals to alter, extend or demolish the listed building(s):

CONVERSION OF EXISTING COTTAGE FROM OFFICE & MILLER'S RESIDENTIAL ACCOMMODATION INTO NEW BAKERY SHOP (GROUND FLOOR) AND OFFICE / STAFF FACILITIES AT FIRST FLOOR

Has the development or work(s) already started?

Yes  No

If Yes, please state the date when the development or work(s) were started (DD/MM/YYYY):

(date must be pre-application submission)

Have the development or work(s) been completed?

Yes  No

If Yes, please state the date when the development or work(s) were completed (DD/MM/YYYY):

(date must be pre-application submission)

Reference no. of permission in principle being relied on (technical details consent applications only):

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name: WORSBOROUGH MILL COTTAGE

Address 1: WORSBOROUGH BRIDGE

Address 2:

Address 3:

Town: BAENSUM

County:

Postcode (optional): S70 5LJ

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

Easting:  Northing:

Description:

### 5. 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:

RICHARD GILBERT

Reference:

(N/A - EMAIL DATED 14/01/20)

Date (DD/MM/YYYY):

(must be pre-application submission)

14/01/20

Details of pre-application advice received?

ADVICE SOUGHT FOR TYPE OF APPLICATION REQUIRED DUE TO CHANGE OF USE & LISTING. CONFIRMED PLANNING & LISTED BUILDING CONSENT REQUIRED

### 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?  Yes  No

Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No

Are there any new public roads to be provided within the site?  Yes  No

Are there any new public rights of way to be provided within or adjacent to the site?  Yes  No

Do the proposals require any diversions /extinguishments and/or creation of rights of way?  Yes  No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

### 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste?  Yes  No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste?  Yes  No

If Yes, please provide details:

### 8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent?  Yes  No With respect to the authority, I am:  
(a) a member of staff  
(b) an elected member  
(c) related to a member of staff  
(d) related to an elected member

If Yes, please provide details of their name, role and how you are related to them.

APPLICANT IS EMPLOYEE OF BMBC.

### 9. Demolition

Does the proposal include the partial or total demolition of a listed building?  Yes  No

If Yes, which of the following does the proposal involve?

a) Total demolition of the listed building:  Yes  No

b) Demolition of a building within the curtilage of the listed building:  Yes  No

c) Demolition of a part of the listed building:  Yes  No

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)

ii) What is the volume of the part to be demolished?(cubic metres)

iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)

Please provide a brief description of the building or part of the building you are proposing to demolish:

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

### 10. Listed Building Alterations

Do the proposed works include alterations to a listed building?  Yes  No

If Yes, do the proposed works include: (you must answer each of the questions)

a) Works to the interior of the building?  Yes  No

b) Works to the exterior of the building?  Yes  No

c) Works to any structure or object fixed to the property (or buildings within its curtilage) Internally or externally?  Yes  No

d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?  Yes  No

If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):

DR-A-020 - PROPOSED PLANS  
 DR-A-004 - EXISTING PLANS  
 DR-A-010 - LOCATION PLAN

### 11. Listed Building Grading

Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)

Grade I  Ecclesiastical Grade I

Grade II\*  Ecclesiastical Grade II\*

Grade II  Ecclesiastical Grade II

Don't know

### 12. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

Yes  No  Don't know

If Yes, please provide the result of the application:

### 13. Vehicle Parking EXISTING PARK & DISPLAY CAR PARK IN PLACE TO BE RETAINED

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars			
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			
Other (e.g. Bus)			

### 14. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof covering			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chimney			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows			<input checked="" type="checkbox"/>	<input type="checkbox"/>
External doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cellings	PLASTER	PLASTER	<input type="checkbox"/>	<input type="checkbox"/>
Internal walls	MASONRY	MASONRY / STUDWORK	<input type="checkbox"/>	<input type="checkbox"/>
Floors	TIMBER	TIMBER	<input type="checkbox"/>	<input type="checkbox"/>
Internal doors	TIMBER (FLUSH FACE)	TIMBER (FLUSH FACE)	<input type="checkbox"/>	<input type="checkbox"/>
Rainwater goods			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (add description)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted drawings or plans?  Yes  No

If Yes, please state plan(s)/drawing(s) references:

DA-A-004 - EXISTING PLANS  
 DL-A-020 - PROPOSED PLANS

### 15. Foul Sewage

*NO DRAINAGE WORKS*

Please state how foul sewage is to be disposed of:

- Mains sewer  Cess pit  
 Septic tank  Other  
 Package treatment plant

Are you proposing to connect to the existing drainage system?  Yes  No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

### 16. Assessment of Flood Risk

*EXISTING BUILDING N/A*  
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 consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes  No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  No

Will the proposal increase the flood risk elsewhere?  Yes  No

How will surface water be disposed of? *N/A*

- Sustainable drainage system  Existing watercourse  
 Soakaway  Pond/lake  
 Main sewer

### 17. Biodiversity and Geological Conservation

*N/A (INTERNAL WORKS ONLY)*

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

c) Features of geological conservation importance:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

### 18. Existing Use

Please describe the current use of the site:

*WORKING MILL & ASSOCIATED OUTBUILDINGS / LOTTAGES*

Is the site currently vacant?  Yes  No

If Yes, please describe the last use of the site:

When did this use end (if known)? (DD/MM/YYYY)

(date where known may be approximate)

Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.

- Land which is known to be contaminated?  Yes  No  
Land where contamination is suspected for all or part of the site?  Yes  No  
A proposed use that would be particularly vulnerable to the presence of contamination?  Yes  No

### 19. Trees and Hedges

*N/A INTERNAL WORKS ONLY*

Are there trees or hedges on the proposed development site?  Yes  No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?  Yes  No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

### 20. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?  Yes  No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

## 21. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:

Yes

No

Proposed Housing							Existing Housing										
Market Housing	Not known	Number of Bedrooms					Total	Market Housing	Not known	Number of Bedrooms					Total		
		1	2	3	4+	Unknown				1	2	3	4+	Unknown			
Houses	<input type="checkbox"/>							Houses	<input type="checkbox"/>								
Flats/maisonettes	<input type="checkbox"/>							Flats/maisonettes	<input type="checkbox"/>								
Sheltered housing	<input type="checkbox"/>							Sheltered housing	<input type="checkbox"/>								
Bedsit/studios	<input type="checkbox"/>							Bedsit/studios	<input type="checkbox"/>								
Cluster flats	<input type="checkbox"/>							Cluster flats	<input type="checkbox"/>								
Other	<input type="checkbox"/>							Other	<input type="checkbox"/>								
<b>Totals (a+b+c+d+e+f)=</b>								<b>Totals (a+b+c+d+e+f)=</b>									
Social, Affordable or intermediate Rent	Not known	Number of Bedrooms					Total	Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total		
		1	2	3	4+	Unknown				1	2	3	4+	Unknown			
Houses	<input type="checkbox"/>							Houses	<input type="checkbox"/>								
Flats/maisonettes	<input type="checkbox"/>							Flats/maisonettes	<input type="checkbox"/>								
Sheltered housing	<input type="checkbox"/>							Sheltered housing	<input type="checkbox"/>								
Bedsite/studios	<input type="checkbox"/>							Bedsit/studios	<input type="checkbox"/>								
Cluster flats	<input type="checkbox"/>							Cluster flats	<input type="checkbox"/>								
Other	<input type="checkbox"/>							Othe	<input type="checkbox"/>								
<b>Totals (a+b+c+d+e+f)=</b>								<b>Totals (a+b+c+d+e+f)=</b>									
Affordable Home Ownership	Not known	Number of Bedrooms					Total	Affordable Home Ownership	Not known	Number of Bedrooms					Total		
		1	2	3	4+	Unknown				1	2	3	4+	Unknown			
Houses	<input type="checkbox"/>							Houses	<input type="checkbox"/>								
Flats/maisonettes	<input type="checkbox"/>							Flats/maisonettes	<input type="checkbox"/>								
Sheltered housing	<input type="checkbox"/>							Sheltered housing	<input type="checkbox"/>								
Bedsit/studios	<input type="checkbox"/>							Bedsit/studios	<input type="checkbox"/>								
Cluster flats	<input type="checkbox"/>							Cluster flats	<input type="checkbox"/>								
Other	<input type="checkbox"/>							Other	<input type="checkbox"/>								
<b>Totals (a+b+c+d+e+f)=</b>								<b>Totals (a+b+c+d+e+f)=</b>									
Starter Homes	Not known	Number of Bedrooms					Total	Starter Homes	Not known	Number of Bedrooms					Total		
		1	2	3	4+	Unknown				1	2	3	4+	Unknown			
Houses	<input type="checkbox"/>							Houses	<input type="checkbox"/>								
Flats/maisonettes	<input type="checkbox"/>							Flats/maisonettes	<input type="checkbox"/>								
Bedsit/studios	<input type="checkbox"/>							Bedsit/studios	<input type="checkbox"/>								
Other	<input type="checkbox"/>							Other	<input type="checkbox"/>								
<b>Totals (a+b+c+d)=</b>								<b>Totals (a+b+c+d)=</b>									
Self Build and Custom Build	Not known	Number of Bedrooms					Total	Self Build and Custom Build	Not known	Number of Bedrooms					Total		
		1	2	3	4+	Unknown				1	2	3	4+	Unknown			
Houses	<input type="checkbox"/>							Houses	<input type="checkbox"/>								
Flats/maisonettes	<input type="checkbox"/>							Flats/maisonettes	<input type="checkbox"/>								
Bedsit/studios	<input type="checkbox"/>							Bedsit/studios	<input type="checkbox"/>								
Other	<input type="checkbox"/>							Other	<input type="checkbox"/>								
<b>Totals (a+b+c+d)=</b>								<b>Totals (a+b+c+d)=</b>									
<b>Total proposed residential units (A+B+C+D+E)=</b>								<b>Total existing residential units (F+G+H+I+J)=</b>									

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

## 22. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?  Yes  No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>		0	24.3	
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>		0	21.7	
A2	<input checked="" type="checkbox"/>				
Financial and professional services	<input checked="" type="checkbox"/>				
A3	<input checked="" type="checkbox"/>				
Restaurants and cafes	<input checked="" type="checkbox"/>				
A4	<input checked="" type="checkbox"/>				
Drinking establishments	<input checked="" type="checkbox"/>				
A5	<input checked="" type="checkbox"/>				
Hot food takeaways	<input checked="" type="checkbox"/>				
B1 (a)	<input checked="" type="checkbox"/>				
Office (other than A2)	<input checked="" type="checkbox"/>				
B1 (b)	<input checked="" type="checkbox"/>				
Research and development	<input checked="" type="checkbox"/>				
B1 (c)	<input checked="" type="checkbox"/>				
Light Industrial	<input checked="" type="checkbox"/>				
B2	<input checked="" type="checkbox"/>				
General industrial	<input checked="" type="checkbox"/>				
B8	<input checked="" type="checkbox"/>				
Storage or distribution	<input checked="" type="checkbox"/>				
C1	<input checked="" type="checkbox"/>				
Hotels and halls of residence	<input checked="" type="checkbox"/>				
C2	<input checked="" type="checkbox"/>				
Residential institutions	<input checked="" type="checkbox"/>				
D1	<input type="checkbox"/>	148	24.3	0	
Non-residential institutions	<input type="checkbox"/>				
D2	<input checked="" type="checkbox"/>				
Assembly and leisure	<input checked="" type="checkbox"/>				
OTHER	<input checked="" type="checkbox"/>				
Please specify	<input type="checkbox"/>				
Total		148	24.3	24.3	0

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input checked="" type="checkbox"/>			
C2	Residential institutions	<input checked="" type="checkbox"/>			
OTHER		<input checked="" type="checkbox"/>			
Please specify		<input checked="" type="checkbox"/>			

## 23. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees	4		4
Proposed employees	4		4

## 24. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
Shop	10-5	10-5	10-5	

## 25. Site Area

Please state the site area in hectares (ha) 0.0084

## 26. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development?  Yes  No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 27. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below?  Yes  No  Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>	Phosgene (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>	Sulphur dioxide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>	Flour (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>	Refined white sugar (tonnes) <input type="text"/>

Other:

Other:

Amount (tonnes):

Amount (tonnes):

