BARNSLEY
Metropolitan Borough Council

Planning and Transportation Service
Barnsley MBC
PO Box 604
Barnsley
S70 9FE
developmentmanagement@barnsley.gov.uk

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:	MR	First name:	NEIL	
Last name:	JOSEPH			
Company (optional):	KCOM GROUP			
Unit:	4	House number:		House suffix:
House name:	CAROLINA COURT			
Address 1:	WISCONSIN DRIVE			
Address 2:	DONCASTER			
Address 3:	S. YORKS.			
Town:				
County:				
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: ADJACENT COMMUNITY MENTAL HEALTH

Address 2: CENTRE, CHURCH STREET

Address 3:

Town: DARFIELD

County: S. YORKS

Postcode (optional): S73 9LG

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

Easting: 441673 Northing: 404292

Description:

SEE PHOTOGRAPH 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:

Reference:

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

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):

TELECOMMUNICATIONS STREET CABINET (WITH POWER)

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

COLOUR – GREEN

SIZE H: 1425.. W: 1140.. D: 480..

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 OVERALL