

Application for approval of details reserved by condition.  
Town and Country Planning Act 1990  
Planning (Listed Buildings and Conservation Areas) Act 1990

**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.

**1. Applicant Name, Address and Contact Details**

|                                                                                                                   |                                        |                      |                      |          |                                |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------|----------------------|----------|--------------------------------|
| Title:                                                                                                            | <input type="text"/>                   | First Name:          | <input type="text"/> | Surname: | <input type="text" value="-"/> |
| Company name:                                                                                                     | <input type="text" value="CEG"/>       |                      |                      |          |                                |
| Street address:                                                                                                   | <input type="text" value="C/O Agent"/> |                      |                      |          |                                |
|                                                                                                                   | <input type="text"/>                   | Telephone number:    | <input type="text"/> |          |                                |
|                                                                                                                   | <input type="text"/>                   | Mobile number:       | <input type="text"/> |          |                                |
| Town/City:                                                                                                        | <input type="text"/>                   | Fax number:          | <input type="text"/> |          |                                |
| Country:                                                                                                          | <input type="text"/>                   | Email address:       | <input type="text"/> |          |                                |
| Postcode:                                                                                                         | <input type="text"/>                   | <input type="text"/> |                      |          |                                |
| Are you an agent acting on behalf of the applicant? <input checked="" type="radio"/> Yes <input type="radio"/> No |                                        |                      |                      |          |                                |

**2. Agent Name, Address and Contact Details**

|                 |                                                                          |             |                                     |          |                                      |
|-----------------|--------------------------------------------------------------------------|-------------|-------------------------------------|----------|--------------------------------------|
| Title:          | <input type="text" value="Mr"/>                                          | First Name: | <input type="text" value="Robert"/> | Surname: | <input type="text" value="Harding"/> |
| Company name:   | <input type="text" value="Lichfields"/>                                  |             |                                     |          |                                      |
| Street address: | <input type="text" value="3rd Floor"/>                                   |             |                                     |          |                                      |
|                 | <input type="text" value="15 St Paul's Street"/>                         |             |                                     |          |                                      |
|                 | <input type="text"/>                                                     |             |                                     |          |                                      |
| Town/City:      | <input type="text" value="Leeds"/>                                       |             |                                     |          |                                      |
| Country:        | <input type="text"/>                                                     |             |                                     |          |                                      |
| Postcode:       | <input type="text" value="LS1 2JG"/>                                     |             |                                     |          |                                      |
|                 | Telephone number: <input type="text" value="01133971397"/>               |             |                                     |          |                                      |
|                 | Mobile number: <input type="text"/>                                      |             |                                     |          |                                      |
|                 | Fax number: <input type="text"/>                                         |             |                                     |          |                                      |
|                 | Email address: <input type="text" value="robert.harding@lichfields.uk"/> |             |                                     |          |                                      |

### 3. Site Address Details

Full postal address of the site (including full postcode where available)

House:  Suffix:

House name:

Street address:

Town/City:

Postcode:

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

Easting:

Northing:

Description:

Former Paper Mill, including existing redundant buildings and areas of hardstanding.

### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☐ Yes ☒ No

### 5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

Demolition of existing structures, removal of trees and erection of new site access, spine road and vehicular bridge with associated infrastructure

Application reference number:

Date of decision:

Please state the condition number(s) to which this application relates:

Condition number(s):

Has the development already started? ☒ Yes ☐ No

If Yes, please state when the development was started:

Has the development been completed? ☐ Yes ☒ No

### 6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

Please refer to covering letter

### 7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

### 8. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

☒ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

☒ The agent ☐ The applicant ☐ Other person

## 9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/ drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.



Date

27/02/2018