

Application for Outline Planning Permission with all matters reserved. Town and Country Planning 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" value="Mr"/> | First name: | <input type="text"/> | Surname: | <input type="text"/> |
| Company name: | <input type="text" value="Blackstone Developments"/> | | | | |
| Street address: | <input type="text" value="c/o Agent"/> | Telephone number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | Mobile number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Town/City: | <input type="text"/> | Fax number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| County: | <input type="text"/> | Email address: | <input type="text"/> | | |
| Country: | <input type="text" value="United Kingdom"/> | | | | |
| Postcode: | <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="Michael"/> | Surname: | <input type="text" value="Townsend"/> |
| Company name: | <input type="text" value="Townsend Planning Consultants"/> | | | | |
| Street address: | <input type="text" value="10 Rishworth Street"/> | Telephone number: | <input type="text"/> | <input type="text" value="01924 366733"/> | <input type="text"/> |
| | <input type="text"/> | Mobile number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Town/City: | <input type="text" value="Wakefield"/> | Fax number: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| County: | <input type="text" value="West Yorkshire"/> | Email address: | <input type="text" value="mail@townsendplanning.co.uk"/> | | |
| Country: | <input type="text" value="United Kingdom"/> | | | | |
| Postcode: | <input type="text" value="WF1 3BY"/> | | | | |

3. Description of the Proposal

Please describe the proposal:

Has the building or works already been carried out? Yes No

4. Site Address Details

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

Description:

| | | | |
|-----------------|--|---------|----------------------|
| House: | <input type="text"/> | Suffix: | <input type="text"/> |
| House name: | <input type="text" value="Land at"/> | | |
| Street address: | <input type="text" value="Sandygate Lane"/> | | |
| | <input type="text" value="Stairfoot"/> | | |
| Town/City: | <input type="text" value="Barnsley"/> | | |
| County: | <input type="text" value="South Yorkshire"/> | | |
| Postcode: | <input type="text" value="S71 5AW"/> | | |

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

| | |
|-----------|-------------------------------------|
| Easting: | <input type="text" value="437427"/> |
| Northing: | <input type="text" value="405520"/> |

5. Assessment of Flood Risk

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 an appropriate 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?

Sustainable drainage system

Main sewer

Pond/lake

Soakaway

Existing watercourse

6. 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):

Officer name:

Title: First name: Surname:

Reference:

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

Details of the pre-application advice received:

7. Authority Employee/Member

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

Do any of these statements apply to you?

Yes No

8. Site Area

What is the site area?

9. Residential Units

Does your proposal include the gain or loss of residential units?

Yes No

9. Residential Units (continued)

Market Housing - Proposed

| | Number of bedrooms | | | | |
|-------------------|--------------------|---|----|----|---------|
| | 1 | 2 | 3 | 4+ | Unknown |
| Houses | | | 14 | | |
| Flats/Maisonettes | | | | | |
| Live-Work units | | | | | |
| Cluster flats | | | | | |
| Sheltered housing | | | | | |
| Bedsit/Studios | | | | | |
| Unknown | | | | | |

Proposed Market Housing Total

14

Market Housing - Existing

| | Number of bedrooms | | | | |
|-------------------|--------------------|---|---|----|---------|
| | 1 | 2 | 3 | 4+ | Unknown |
| Houses | | | | | |
| Flats/Maisonettes | | | | | |
| Live-Work units | | | | | |
| Cluster flats | | | | | |
| Sheltered housing | | | | | |
| Bedsit/Studios | | | | | |
| Unknown | | | | | |

Existing Market Housing Total

0

Overall Residential Unit Totals

| | |
|----------------------------------|----|
| Total proposed residential units | 14 |
| Total existing residential units | 0 |

10. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

Yes No Unknown

11. Employment

If known, please complete the following information regarding employees:

| | Full-time | Part-time | Equivalent number of full-time |
|--------------------|-----------|-----------|--------------------------------|
| Existing employees | 0 | 0 | 0 |
| Proposed employees | 0 | 0 | 0 |

12. 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 |
|-----|------------------|----------|------------|----------|--------------------------|----------|-----------|
| | Start Time | End Time | Start Time | End Time | Start Time | End Time | |
| | | | | | | | |

13. 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:

n/a

Is the proposal for a waste management development?

Yes No

14. Existing Use

Please describe the current use of the site:

Former railway siding.

Is the site currently vacant? Yes No

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

Former railway land and sidings

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

01/01/1990

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

15. 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

16. Certificates (Certificate A)

Certificate of Ownership - Certificate A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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 (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding (*"agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act*).

Title: First name: Surname:

Person role: Declaration date: Declaration made

17. 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