

Application for Planning Permission. 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" value="Nick"/> | Surname: | <input type="text" value="Phillips"/> | | |
| Company name: | <input type="text" value="Barnsley NHS Primary Care Trust"/> | | | | | | |
| Street address: | <input type="text" value="Estates Department"/> | Telephone number: | Country Code | National Number | Extension Number | | |
| | <input type="text" value="Kendray Hospital"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | <input type="text" value="Doncaster Road"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Town/City: | <input type="text" value="Barnsley"/> | Mobile number: | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| County: | <input type="text" value="South Yorkshire"/> | Fax number: | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Country: | <input type="text" value="England"/> | Email address: | <input type="text"/> | | | | |
| Postcode: | <input type="text" value="S70 3RD"/> | | | | | | |
| 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="Paul"/> | Surname: | <input type="text" value="Clarke"/> | | |
| Company name: | <input type="text" value="James Totty Partnership"/> | | | | | | |
| Street address: | <input type="text" value="38"/> | Telephone number: | Country Code | National Number | Extension Number | | |
| | <input type="text" value="Wilkinson Street"/> | | <input type="text"/> | <input type="text" value="01142700208"/> | <input type="text"/> | | |
| | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Town/City: | <input type="text" value="Sheffield"/> | Mobile number: | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| County: | <input type="text" value="South Yorkshire"/> | Fax number: | <input type="text"/> | <input type="text" value="01142758691"/> | <input type="text"/> | | |
| Country: | <input type="text" value="United Kingdom"/> | Email address: | <input type="text" value="mail@jamestotty-partnership.co.uk"/> | | | | |
| Postcode: | <input type="text" value="S10 2GB"/> | | | | | | |

3. Description of the Proposal

Please describe the proposed development including any change of use:

Full Planning Permission for Alterations and Extension to existing vacant ward unit, to form a new Community Rehabilitation and Respite Unit. Unit to comprise 12 single en-suite bedrooms and ancillary facilities to accommodate relocated facility presently sited at The Keresforth Centre. Together with the provision of additional on site parking adjacent to the Hospital Main Entrance.

Has the building, work or change of use already started? 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="MOUNT VERNON HOSPITAL"/> | | |
| Street address: | <input type="text" value="MOUNT VERNON ROAD"/> | | |
| Town/City: | <input type="text" value="BARNSELY"/> | | |
| County: | <input type="text" value="SOUTH YORKSHIRE"/> | | |
| Postcode: | <input type="text" value="S70 4DP"/> | | |

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

| | |
|-----------|-------------------------------------|
| Easting: | <input type="text" value="434959"/> |
| Northing: | <input type="text" value="404765"/> |

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):

Officer name:

| | | | | | |
|--------------------|---|--------------------------------------|------------------------------------|----------|-----------------------------------|
| Title: | <input type="text" value="Mr"/> | First name: | <input type="text" value="James"/> | Surname: | <input type="text" value="Hyde"/> |
| Reference: | <input type="text" value="Meetings"/> | | | | |
| Date (DD/MM/YYYY): | <input type="text" value="12/11/2009"/> | (Must be pre-application submission) | | | |

Details of the pre-application advice received:

General discussion in respect of design, no problems with roof shape or Render finish. James Hyde thought it was a good idea to lift the general appearance from the existing.
Generally supportive of scheme.
Further meeting held on 29.01.10 to discuss proposals for additional on-site parking. Planners thought it would be beneficial to provide additional parking in the vicinity of the main entrance with a min. of 10 additional spaces if possible.

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

7. Waste Storage and Collection

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

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

If Yes, please provide details:

All as existing for main Hospital.

8. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? Yes No

9. 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

10. Materials

Please state what materials (including type, colour and name) are to be used externally (if applicable):

Walls - description:

Description of *existing* materials and finishes:

Facing Brickwork

Description of *proposed* materials and finishes:

Off-White through coloured Render (to main areas of walls) with contrasting colour bands of Render above and below windows. Kingspan horizontal wall cladding in locations shown on drawings.

Roof - description:

Description of *existing* materials and finishes:

Shallow pitch roofing membrane.

Description of *proposed* materials and finishes:

Kingspan composite roof sheeting.

Windows - description:

Description of *existing* materials and finishes:

White UPVC.

Description of *proposed* materials and finishes:

White UVPC Double Glazed units.

Doors - description:

Description of *existing* materials and finishes:

White UVPC.

Description of *proposed* materials and finishes:

Aluminium Entrance doors. Colour RAL. 5014 in white frame.

Vehicle access and hard standing - description:

Description of *existing* materials and finishes:

Macadam surface to parking bays.

Description of *proposed* materials and finishes:

Macadam surface to parking bays.

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

15/808/200 - Existing Floor Plan, 201 - Existing Overall Hospital Plan, 202 - Existing Site Plan with Levels, 203 - Existing Elevations, 204 - Proposed Floor Plan, 205 - Proposed Site Plan, 206 - Proposed Elevations, 207 - Existing Car Park Layout Main Entrance, 208 - Proposed Car Park Layout Main Entrance & Design and Access Statement.

11. Vehicle Parking

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

| Type of vehicle | Existing number of spaces | Total proposed (including spaces retained) | Difference in spaces |
|--|---------------------------|--|----------------------|
| Cars | 91 | 104 | 13 |
| Light goods vehicles/public carrier vehicles | 0 | 0 | 0 |
| Motorcycles | 0 | 0 | 0 |
| Disability spaces | 0 | 0 | 0 |
| Cycle spaces | 0 | 0 | 0 |
| Other (e.g. Bus) | 0 | 0 | 0 |
| Short description of Other | | | |

12. Foul Sewage

Please state how foul sewage is to be disposed of:

Mains sewer Package treatment plant Unknown
 Septic tank Cess pit

Other

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

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

13. 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

14. Biodiversity and Geological Conservation

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

15. Existing Use

Please describe the current use of the site:

Vacant wing of existing hospital building and grassed area with trees for proposed car parking.

Is the site currently vacant? Yes No

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

General Hospital Ward.

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

Does the proposal involve any of the following:

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

Application advice

If you have said Yes to any of the above, you will need to submit an appropriate contamination assessment.

16. Trees and Hedges

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 will need to provide a full Tree Survey with accompanying plan before your application can be determined. 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 construction - Recommendations'

17. Trade Effluent

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

18. Residential Units

Does your proposal include the gain or loss of residential units? Yes No

19. All Types of Development: Non-residential Floorspace

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

19. All Types of Development: Non-residential Floorspace (continued)

| Use class/type of use | | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross new internal floorspace proposed (including changes of use) (square metres) | Net additional gross internal floorspace following development (square metres) |
|-----------------------|-------------------------------------|--|---|---|--|
| A1 | Shops Net Tradable Area | 0.0 | 0.0 | 0.0 | 0.0 |
| A2 | Financial and professional services | 0.0 | 0.0 | 0.0 | 0.0 |
| A3 | Restaurants and cafes | 0.0 | 0.0 | 0.0 | 0.0 |
| A4 | Drinking establishments | 0.0 | 0.0 | 0.0 | 0.0 |
| A5 | Hot food takeaways | 0.0 | 0.0 | 0.0 | 0.0 |
| B1 (a) | Office (other than A2) | 0.0 | 0.0 | 0.0 | 0.0 |
| B1 (b) | Research and development | 0.0 | 0.0 | 0.0 | 0.0 |
| B1 (c) | Light industrial | 0.0 | 0.0 | 0.0 | 0.0 |
| B2 | General industrial | 0.0 | 0.0 | 0.0 | 0.0 |
| B8 | Storage or distribution | 0.0 | 0.0 | 0.0 | 0.0 |
| C1 | Hotels and halls of residence | 0.0 | 0.0 | 0.0 | 0.0 |
| C2 | Residential institutions | 0.0 | 0.0 | 0.0 | 0.0 |
| D1 | Non-residential institutions | 0.0 | 0.0 | 0.0 | 0.0 |
| D2 | Assembly and leisure | 0.0 | 0.0 | 0.0 | 0.0 |
| Other | Please Specify | 686.0 | 253.0 | 504.0 | 251.0 |
| | Total | 686.0 | 253.0 | 504.0 | 251.0 |

For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:

| Use Class | Types of use | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|-----------|--------------|--|---|----------------------|
| | | | | |

20. 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 | 10 | 35 | 18 |

21. Hours of Opening

If known, please state the hours of opening 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 | |
| Other | 24hr | | 24hr | | 24hr | | <input type="checkbox"/> |

22. Site Area

What is the site area? sq.metres

23. 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

24. Hazardous Substances

Is any hazardous waste involved in the proposal? Yes No

25. 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

26. Certificates (Certificate A)

Certificate of Ownership - Certificate A

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

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 or building to which the application relates.

Title: First name: Surname:

Person role: Declaration date: Declaration made

26. Certificates (Agricultural Holdings Certificate)

Agricultural Holding Certificate

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Select Either A or B

(A) None of the land to which the application relates is, or is part of an agricultural holding.

(B) I have/The applicant has given the requisite notice to every person other than myself/the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Title: First Name: Surname:

Person role: Declaration date: Declaration Made

27. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Date