

Staffordshire Moorlands District Council
Moorlands House, Stockwell Street, Leek
Staffordshire Moorlands, STT3 6HQ
Telephone: 0845 605 3013
www.staffsmoorlands.gov.uk

Application for Planning Permission. Town and Country Planning Act 1990

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	2. Agent Name and Address					
Title: First name:	Title: First name: DAMIAN					
Last name: CTIL B VF	Last name: HOSICER					
Company (optional): C/O WHP	Company (optional): WHP					
Unit: House House suffix:	Unit: House House suffix:					
House name:	House name: PONDEROSA					
Address 1:	Address 1: 6 COTLAND LANE					
Address 2:	Address 2: I-lors FORTH					
Address 3:	Address 3: LEEDS					
Town:	Town:					
County:	County:					
Country:	Country:					
Postcode:	Postcode: L518 55F					
Please describe the proposed development, including any change of use: PROPOSED TELECOMMUNICATIONS UPGRANE & ASSOCIATED WORKS.						
Has the building, work or change of use already started? If Yes, please state the date when building, work or use were started (DD/MM/YYYY): as the building, work or change of use been completed? If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission)					
	\$Date: 2015-04-02 #\$ \$Revision: 6149 \$					

4. Site Address Details Please provide the full postal address of the application site. House number: House suffix: ALTON TONERS Address 1: ALTON	5. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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).
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:	Officer name:
TOWN: STAFFORDSHIRE	DIRECTOR OF PLANNING
County:	Reference:
Postcode (optional): 6710 4RP Description of location or a grid reference.	Date (DD/MM/YYYY):
(must be completed if postcode is not known):	(must be pre-application submission) $31/10/45$
Easting: 4085/3 Northing: 343 246 Description:	Details of pre-application advice received?
Description.	SEE VIVI
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway?	Do the plans incorporate areas to store and aid the collection of waste?
Is a new or altered pedestrian	If Yes, please provide details:
access proposed to or from the public highway?	in res, preuse provide details,
Are there any new public roads to be provided within the site?	
Are there any new public rights of way to be provided within or adjacent to the site?	
Do the proposals require any diversions /extinguishments and/or creation of rights of way? Yes No	Have arrangements been made for the separate storage and collection of recyclable waste?
If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan	If Yes, please provide details:
(s)/drawings(s)	
8. 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
If Yes, please provide details of the name, relationship and role	
The state of the s	AND AND THE PROPERTY OF THE PR

d. ver	Existing (where applicable)	್ಷ ಜವಾ 🦠	Proposed	·		Don' Knov
Walls						
Roof						
Windows						
Doors		The state of the s				
Boundary treatments (e.g. fences, walls)						
Vehicle access and hard-standing						
Lighting						
Others (please specify)				,		
f Yes, please state refer	tional information on submitted plan(sences for the plan(s)/drawing(s)/design	n and access	statement:	ent? Yes] No
0. Vehicle Parking						
Type of Vehicle	nation on the existing and proposed n Total Existing	Total	proposed (including paces retained)	Difference in spaces		
Cars Light goods vehic public carrier vehi Motorcycles		A				
Disability space Cycle spaces	s			The second districts and the	in delement	
Other (e.g. Bus)						

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	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
Mains sewer Cess pit	consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	☐ Yes ☐ No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system?	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No
If Yes, please include the details of the existing system on the application drawings and state references for the	Will the proposal increase the flood risk elsewhere?
plan(s)/drawing(s):	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
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.	Existing teleconsvites
Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved	Is the site currently vacant?
and enhanced within the application site, or on land adjacent to or near the application site?	If Yes, please describe the last use of the site:
a) Protected and priority species: Yes, on the development site	
Yes, on land adjacent to or near the proposed development No	When did this use end (if known)? DD/MM/YYYY
b) Designated sites, important habitats or other biodiversity features:	(date where known may be approximate) Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination
Yes, on the development site	assessment with your application.
Yes, on land adjacent to or near the proposed development No	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?
Yes, on the development site Yes, on land adjacent to or near the proposed development	A proposed use that would be particularly vulnerable
No	to the presence of contamination?
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the	Does the proposal involve the need to
proposed development site? Yes No And/or: Are there trees or hedges on land adjacent to the	dispose of trade effluents or waste? If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the development or might be important as part	of trade effluents or waste
of the local landscape character? Yes No If Yes to either or both of the above, you may need to provide a full	
<u>Free Survey, at the discretion of your local planning authority. If a</u> Tree Survey is required, this and the accompanying plan should be	The state of the s
submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current BSS837: Trees in relation to	
design, demolition and construction - Recommendations'.	\$Date: 2015-04-02 #\$ \$Revision; 6149 \$

17. Residential Units (Including Conversion) Does your proposal include the gain, loss or change of use of residential units? Yes No															
If Yes, please complete details of the changes in the tables below:															
in the second	Propo	sed	Hou	sing	is.	.£}. ***			Exist	ing	Hous	sing	/ ~	real guidants."	
Market	Not			-T		rooms	Total	Market	Not					ooms	Tota
Housing Houses	known	1	2	3	4+	Unknow	<u> </u>	Housing Houses	known	1	2	3	4+	Unknowr	1
Houses Flats and maisonettes			-	 	-		11 15	Flats and maisonettes		 	$/\!\!/$	+	 		$\frac{a}{b}$
Live-work units	1	 	-	-			10	Live-work units		/			+	-	1 7
Cluster flats			+		 	ļ	$\frac{1}{d}$	Cluster flats		\leftarrow	-	-			d
Sheltered housing	╁┼				-		- C	Sheltered housing	17		-	-	-		1:
Bedsit/studios			-				T	Bedsit/studios	/ <u>-</u>		 	<u> </u>			f
Unknown type	H		-				g	Unknown type			1	 	-		g
Officiowitype	T	otals	$\frac{1}{(a+1)}$) 4. (4.	d + 0	+f+g)=	A	John type /	<u> </u>	otals	(a+b)) + C +	- d + e	+f+g)=	E
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	Not		Num	ber of	Bedr	ooms	Total	G 118 / 1	Not	1	Num	ber o	f Bedr	ooms	Tota
Social Rented	known	1	2	3		Unknowr	1	Social Rented	known	1	2	3	4+	Unknown)
Houses							0 (Houses					ļ		: 1
Flats and maisonettes			<u> </u>				(2)	Flats and maisonettes			ļ				[j
Live-work units							4	Vive-work units			-		<u> </u>		-
Cluster flats			<u> </u>				1	Cluster flats		ļ	ļ	<u> </u>	ļ		ri -
Sheltered housing			ļ				X	Sheltered housing			ļ		ļ		€'
Bedsit/studios			ļ					Bedsit/studios		ļ	ļ		ļ		l i
Unknown type							ij	Unknown type		<u> </u>	<u> </u>			<u> </u>	<u>U</u>
	To	otals	(a + b	+ C +	d+e	+f+g)=	В		T	otals	(a+t) + C +	d+e	+f+g)=	F
<u> </u>	1		Numb		Dodu		Total		N-1		Numal	ar of	Bodr	ooms	Total
Intermediate	Not known	1	2	3		Unknown	4	Intermediate	Not known	1	2	3		Unknown	
Houses							a	Houses							d
Flats and maisonettes					/		Ç.	Flats and maisonettes							b
Live-work units							ű.	Live-work units							ı;
Cluster flats							đ	Cluster flats							d
Sheltered housing							e	Sheltered housing							е
Bedsit/studios							f	Bedsit/studios							í
Unknown type		,					9	Unknown type							g
	To	tals	(a + b	+ c +	d+e	+ f + g) =	(Т	otals	(a + b	+ (+	d+e	+ f + g) =	6
		_					[, 1]								I
Key worker	Not / known	1	Numb 2	er of		ooms Unknown	Total	Key worker	Not known	1	Numb 2	er of		oms Unknown	Total
Houses			-		11	OTHEROVER	12	Houses							1.2
Flats and maisonettes	石						.53	Flats and maisonettes							<i>t</i> ,
Live-work units	/							Live-work units							C
Cluster flats /		-					d	Cluster flats							ţ/
Sheltered housing	一一						e e	Sheltered housing							e?
Bedsit/studios							r	Bedsit/studios							f
Unknown typ∉							g	Unknown type							9
	То	tals ((a + b	+ c + c	d+e-	+ f + g) =	D		To	otals	(a + b	+ c +	d+e	+f+g)=	Н
							 		-20						
Total proposed re	esidenti	al un	iits	(A + E	3 + C +	- D) =		Total existing	residen	tial u	inits	(E +	F+G	+ H) =	
TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total)															

(10 01	18. All Types of Development: Non-residential Floorspace							
ŧ								
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:								
11 90	od nave answered res to t					7		
L	Jse class/type of use	Not applicable	Existing gross internal floorspace (square metres)	to be lost buse or d	al flöorspace by change of emolition metres)	Total gross interna floorspace propose (including change c use)(square metres	d internal floorspace of following development	
A1	Shops							
	Net tradable area:							
A2	Financial and professional services							
А3	Restaurants and cafes							
A4	Drinking establishments							
A5	Hot food takeaways						1	
B1 (a)	Office (other than A2)							
B1 (b)	Research and development							
B1 (c)	Light industrial			Ti				
B2	General industrial							
B8	Storage or distribution							
C1	Hotels and halls of residence				,	/		
C2	Residential institutions			<u>`</u>	N			
D1	Non-residential institutions			,	V/			
D2	Assembly and leisure			/				
OTHER				+				
Please Specify				$\overline{}$	·············	NAMES OF THE PROPERTY OF THE P		
	Total			$\overline{}$				
In add	dition, for hotels, residentia	al insti	itutions and host	els, please ad	ditionally indic	cate the loss or gain of	rooms	
ilan	Type of use Not E	xistin	g rooms to be los of use or demol	of by change	Total rooms	proposed (including	Net additional rooms	
C1	Hotels		or use of definor	Juon	cna	nges of use)	1101 430113	
	Residential nstitutions							
OTHER	iistitutions —		/					
Please								
Specify			/					
_	oloyment	_/.	- v P	1				
rease cor	mplete the following infor	7	n regarding emp ull-time			Tota	al full-time	
Fyist	ting employees		ull-time	Part-	time		guivalent	
	osed employees							
	rs of Opening			t and the second	••	The second secon		
known, p	please state the hours of o				dential use pr	oposed: Sunday and		
	Use Mon	day to	Friday	Saturday		Bank Holidays	Not known	
	/							
	/							
	1			ed to the second second				
I. Site A	Area • the site area in hectares (A Andrew	24			
eace state	a the cite area in hectarer (ha). [[1-1- / \	KCUIN (A).	/ `/l'		ì	

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22. Industrial or Commercial Proce	esse	s and Machinery			
Please describe the activities and processes be carried out on the site and the end prod plant ventilation or air conditioning. Please type of machinery which may be installed o	ucts ii ទាំ១៧២	ncluding de the	ट्रिय करवह जनग		
Is the proposal a waste management develo	opme	nt? Yes No			
If the answer is Yes, please complete the fol	•				
	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			<u> </u>		
Non-hazardous landfill	同				
Hazardous landfill	盲				
Energy from waste incineration	同				
Other incineration					
Landfill gas generation plant					
Pyrolysis/gasification					
Metal recycling site					
Transfer stations					
Material recovery/recycling facilities (MRFs)					
Household civic amenity sites					
Open windrow composting					
In-vessel composting		(M)			
Anaerobic digestion					
Any combined mechanical, biological and/ or thermal treatment (MBT)					
Sewage treatment works					
Other treatment					
Recycling facilities construction, demolition and excavation waste					
Storage of waste		/			
Other waste management		/			
Other developments	7				
Please provide the maximum annual operation	nal ti	roughput of the following waste streams:			
Municipal /					
Construction, demolition and ex		on			
Commercial and industria	al				
Hazardous					
planning authority should make clear what in	provi form	de further information before your application can ation it requires on its website.	be determined. Your waste		
23. Hazardous Substances					
Does the proposal involve the use or storage of the following materials by the quantities stated	of any	of w? Yes No Not applicab	le .		
If Yes, please provide the amount of each subs	tance		and the second of the second o		
Acrylonitrile (tonnes)	Eth	ylene oxide (tonnes)	Phosgene (tonnes)		
Ammonia (tonnes)	lydro	gen cyanide (tonnes) Sulp	hur dioxide (tonnes)		
Bromine (tonnes) Liquid oxygen (tonnes) Flour (tonnes)					
Chlorine (tonnes) Liqu	i <u>d pe</u> t	roleum gas (tonnes) Refined	white sugar (tonnes)		
Other:		Other:			
Amount (tonnes):		Amount (tonnes):			

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24. Ownership Certificates and	Agricultural L	and Declaration		
	CERTIFICAT	D, must be completed with this E OF OWNERSHIP - CERTIFICATI	ΕÄ	
Town and Country Planning (De I certify/The applicant certifies that on the land or building is part of, an agricultural holding**	evelopment Man he day 21 days be g to which the ap	agement Procedure) (England) fore the date of this application no plication relates, and that none of	Order 2015 Certificate obody except myself/the land to which the a	
NOTE: You should sign Certificate B, C application relates but the land is, or i	or D, as appropr s part of, an agri	riate, if you are the sole owner o cultural holding.	f the land or building	to which the
* "owner" is a person with a freehold intere ** "agricultural holding" has the meaning	est or leasehold inte given by reference	erest with at least 7 years left to run. to the definition of "agricultural ter	nant" in section 65(8) of t	he Act.
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
Town and Country Planning (De I certify/ The applicant certifies that I ha 21 days before the date of this applicati application relates. *"owner" is a person with a freehold intere ** "agricultural tenant" has the meaning g	ve/the applicant l on, was the owne est or leasehold inte	has given the requisite notice to ear and/or agricultural tenant** of erest with at least 7 years left to run.	everyone else (as listed f any part of the land c	below) who, on the day
Name of Owner / Agricultural Tenant		Address		Date Notice Served
TUSSUALS HOTELS LIMITED	YORK COUR	ET, ALLSOP PLACE, NWI 5LR	LONDON,	04/11/15
			· · · · · · · · · · · · · · · · · · ·	
Signed Applicants	· · · · · · · · · · · · · · · · · · ·	Or signed / Agent:		
Signed - Applicant:		Or signical Adenti.		6/11/15.
		The second secon		

Neither Certificate A or B can be	certificate of ownership - overlopment Management Procedure issued for this application aken to find out the names and addre of it, but I have/ the applicant has bee	CERTIFICATE C e) (England) Order 2015 Certific esses of the other owners* and/oren unable to do so.	a jan jan				
Name of Owner / Agricultural Tenant	Aldre	95S	Date Notice Served				
	(4)						
	N						
		W					
Notice of the application has been publisf (circulating in the area where the land is si	ned in the following newspaper	On the following date (whi	ich must not be earlier				
(an earling in the area timere the large is si	icateay,	than 21 days before the da	ite of the application):				
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):				
certify/ The applicant certifies that: Certificate A cannot be issued for the	en to find out the names and addresse ner* and/or agricultural tenant** of a le to do so. or leasehold interest with at least 7 years	es of everyone else who, on the dany part of the land to which this					
Notice of the application has been publishe circulating in the area where the land is situ	d in the following newspaper jated):	On the following date (which than 21 days before the dat	th must not be earlier e of the application):				
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):				
25. Planning Application Requirem Please read the following checklist to make so Information required will result in your applithe Local Planning Authority has been submother original and 3 copies of a completed and	sure you have sent all the information ication being deemed invalid. It will n itted.	ot be considered valid until all in	lure to submit all formation required by				
pplication form: he original and 3 copies of the plan which ic he land to which the application relates dra- dentified scale and showing the direction of	wn to an	inal and 3 copies of a design and ed (see help text and guidance no mal and 3 copies of the complete	otes for details):				
ne original and 3 copies of other plans and drawings or and Article 14 Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):							

26. Declaration		
I information. I/we confirm that, to the best of my	ent as described in th //our knowledge, any	his form and the accompanying plans/drawings and additional •facts stated are true and accurate and any opinions given are the
genuine opinions of the person(s) giving them.	1	Date (DD/MM/YYYY):
Signed - Applicant:	Or signed Agent	7
		6/11/15 (date cannot be pre-application)
27. Applicant Contact Details		28. Agent Contact Details
Telephone numbers		Telephone numbers
Country code: National number:	Extension number;	Country code: National number: Extension number:
A label and the second of the		01/3 2583565
Country code: Mobile number (optional):		Country code: Mobile number (optional):
Country code: Fax number (optional):		Country code: Fax number (optional):
Email address (optional):		Email address (optional):
29. Site Visit		
Can the site be seen from a public road, public fo	otnath bridleway or	other public land?
If the planning authority needs to make an appoi	intment to carry	
out a site visit, whom should they contact? (Please	e select only one)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:		•
Contact name:		Telephone number:
Email address:		